

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space

23467

1. PLACE OF DEATH

County North
Township St. Charles
City Frank City (No.)

Registration District No. 903

Primary Registration District No. 1545

File No. 17

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

Charles Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 1 - 1853

7. AGE

YEARS

72

MONTHS

6

DAYS

14

If LESS than 1 day, ... hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Social

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Petersburg Ill

10. NAME OF FATHER

Chrysler Goodell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

Mrs Nellie Hass
Grand City Mo.

15.

FILED

Aug 1927
John Chivers
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 12 1927

17.

I HEREBY CERTIFY, That I attended deceased from

July 12

1927, to

July 13 1927

that I last saw her alive on July 13 1927, and that death occurred, on the date stated above, at 12:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Received Venenography
1024 4th

CONTRIBUTORY (SECONDARY)

High Blood Pressure

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

P. J. Rose
M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Grand City Cemetery

7-17 1927

20. UNDERTAKER

ADDRESS

Or Prugh Grand City Mo

