

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

Do not use this space.

30686

1. PLACE OF DEATH

County Jasper
Township Preston
City (No. 5516)

Registration District No. 410
Primary Registration District No. 5516

File No. _____
Registered No. 18 St. _____ Ward)

2. FULL NAME

Sophia Southwick

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

E. R. Southwick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
85 8 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER William Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Uniontown

12. MAIDEN NAME OF MOTHER Mrs. Halstead

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Uniontown

14. INFORMANT Rhyle Southwick
(Address) Jasper Mo

15. FILED 10-8, 1927 D.A. Bohrer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/8 - 1927

17. I HEREBY CERTIFY That I attended deceased from 9/24, 1927, to 9/28, 1927, that I last saw her alive on 9/28, 1927, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease

CONTRIBUTOR (SECONDARY) 900
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

10-8 (Signed) V.H. Hendricks, M.D.
1927 (Address) Jasper Mo.

*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

Mt. Carmel Cem 10/9 1927

20. UNDERTAKER Teeter Bros ADDRESS Jasper Mo

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.

1927

