

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

Do not use this space.

37233

411
2002

JAN 5 1928

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township Jasper Primary Registration District No. 2002 Registered No. _____
 City Jasper (No. 1314) Frank St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 20 20 20

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) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Missouri

10. NAME OF FATHER no Record

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

12. MAIDEN NAME OF MOTHER Agnes Stitt

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

14. INFORMANT (Address) Mrs W B Dagley Jasper Mo

15. FILED 12/17 1927 Dr B Clark REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-6-27

17. I HEREBY CERTIFY That I attended deceased from Oct 1 1927 to Dec 6 1927 that I last saw her alive on Dec 5 1927 and that death occurred, on the date stated above, at 12:50 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
108

CONTRIBUTORY (SECONDARY) 101A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. H. Brooks M. D.
12/6/27 (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 Jasper **DATE OF BURIAL** 12/7/27

20. UNDERTAKER Live Oak and Co **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.

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