

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.

1. PLACE OF DEATH

County PettisRegistration District No. 668Township OrangePrimary Registration District No. 3032City Orange(No. 624 East 24)File No. 33746Registered No. 256

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 624 East 158 St. 3 Ward.(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Wray6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 - 18577. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 29

8. OCCUPATION OF DECEASED

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

(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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

14.

INFORMANT Mrs Rebecca Adams
(Address) Independence

15.

FILED 10-7-30REGISTRAR J. J. Love

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-4-193017. I HEREBY CERTIFY, That I attended deceased from body Victim
19____, to 19____
that I last saw body alive on 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia with
Organized Clot in
Heart & large blood vessels
(duration) yrs. mos. ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. J. Bishop Coroners, M. D., 19 (Address) Seabolt 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

Chilhowie Mo 10-8-193020. UNDERTAKES McLaughlin Bros ADDRESS Seabolt

SEP 6 1940

SEP 6 1940

SEP 6 1940