

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

41833

1. PLACE OF DEATH

County Johnson Registration District No. 875
Township Washington Primary Registration District No. 616.2
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 323 323

2. FULL NAME

Jola Deane
(a) Residence No. State Hospital # 3 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. 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) married

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

1867

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63

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) Ill
(STATE OR COUNTRY)

10. NAME OF FATHER J. W. Monroe

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

12. MAIDEN NAME OF MOTHER ?

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

14. INFORMANT State Hospital # 3
(Address) Neveda, Mo.

15. FILED 1-6-19-31 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1929, to December 24, 1930 that I last saw her alive on December 24, 1930, and that death occurred, on the date stated above, at 8:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis
95C (duration) yrs. 10 mos. + ds.
97

CONTRIBUTORY Cerebral Atherosclerosis
(SECONDARY) (duration) yrs. 10 mos. + ds.

18. WHERE WAS DISEASE CONTRACTED MOB
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H. Snyetoff, M. D.

Dec 24, 1930 (Address) State Hospital # 3

*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 Calvary Court DATE OF BURIAL 12/28/30

20. UNDERTAKER James Funeral Home, Nevada, Mo. ADDRESS _____

