

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

Do not use this space.

520

1. PLACE OF DEATH

County Carroll Registration District No. 162
 Township West Central Primary Registration District No. 4564
 City Peculiar (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

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 4 yrs. 4 mos. 4 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 (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 7 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home Maker
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) MO

10. NAME OF FATHER Tillery
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Dont know
 12. MAIDEN NAME OF MOTHER Dont know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Dont know

14. INFORMANT Mrs Emery Wright (Address) Archie, Mo.

15. FILED Jan 12 1931 H. P. Usery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931 to Jan 16, 1931 that I last saw her alive on Jan 15, 1931, and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

07A
97 97 97 Cerebral hemorrhage
 _____ (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
 _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT _____ DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? (D)

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. P. Usery, M. D.
 _____, 19 _____ (Address) Peculiar 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 Austin DATE OF BURIAL 1/17 1931

20. UNDERTAKER Remmberg Bros Co ADDRESS Harrisonville Mo.

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.

24 1931

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Dr. Usery

