

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper

Registration District No. 411

File No. 1749

Township Jasper

Primary Registration District No. 3720

Registered No. \_\_\_\_\_

City Jasper (No. 1303)

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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Give the word)**

widow

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

June 6 - 1858

**7. AGE**

72 YEARS

**MONTHS**

7

**DAYS**

27

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

(b) General nature of industry, business, or establishment in which employed (or employer) 935

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Wm Henderson

Key

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mrs. Sarah

Key

**14. INFORMANT**

(Address)

Mrs. Walter H. Mason  
Jasper Mo

**15. FILED**

1-4

1931

Abraham Clark

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 1-2-31

**17.**

I HEREBY CERTIFY, That I attended deceased from 1-2-31 to 1-2-31 that I last saw him/her on 1-2-31, 1931, and that death occurred, on the date stated above, at 5:10 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Labar

Pneumonia

108 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

108 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) W. H. Brooks

1/3, 1931 (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**

New Park Cem 1-3-31

**20. UNDERTAKER**

**ADDRESS**

Shurbutt Co Jasper Mo

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 19 1931

