

WAR 25 1931

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

Do not use this space.

5327

1. PLACE OF DEATH
 County Howell Registration District No. 383
 Township Goldberry Primary Registration District No. 5534
 City Missouri View (No. _____) St. _____ Ward)
 2. FULL NAME Philinda South
 (a) Residence No. _____ St. _____ Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF M.D. South
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 100-16-1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 2 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) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Quincy, Ill
 (STATE OR COUNTRY)
 10. NAME OF FATHER Johnathan Moore
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Carolina Domy
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

14. INFORMANT Laura Husirich
 (Address) Missouri View Mo
 15. FILED 3931 1931 G.F. Rose
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1931
 17. HEREBY CERTIFY, That I attended deceased from 12-20, 1929, to 2-6, 1931 that I last saw h. alive on 2-6, 1931, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
82H
97 (duration) _____ yrs. mos. da.
 CONTRIBUTORY (SECONDARY) hardening of
arteries (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. E. Ferrell M. D.
 (Address) Missouri View 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 Grace Church Cemetery DATE OF BURIAL 2/7 1931
 20. UNDERTAKER J.F. Smean ADDRESS Missouri View Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS VERY IMPORTANT. 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.

