

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

Do not use this space.

10604

APR 24 1931

1. PLACE OF DEATH

County Linn
Township Brownfield
City Brownfield (No.)

Registration District No. 496
Primary Registration District No. 3025

File No.
Registered No. 34
St. Ward

2. FULL NAME

(a) Residence, No. 1002 N main St., 1st Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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 Single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher (School)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215
10. Date deceased last worked at this occupation (month and year) 3/15/31 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierce City, Mo

13. NAME James J Larkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pottsville, Pa

15. MAIDEN NAME Mary Maher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mahanoy, Pa

17. INFORMANT (ADDRESS) J. E. Evans Brownfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Pierce City, Mo 3/27/31

19. UNDERTAKER (ADDRESS) Hughes, Belton Brownfield, Mo

20. FILED 3-23 1931 Beessie M. FORE Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1931, to Mar 23, 1931.

I last saw her alive on Mar 23, 1931. Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

Septicemia (Streptococcus) Date of onset Mar 19, 31

118
36 / 118

Other contributory causes of importance: Influenzal infection Mar 12

9. Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. E. Evans, M. D.
(Address) Brownfield, Mo.

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.

