

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.

17640

1. PLACE OF DEATH

County Gentry
 Township Jackson
 City King City. (No. _____)

Registration District No. 312Primary Registration District No. 4188

File No. _____

Registered No. 9

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____

Ward _____

(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 (write the word)

Married

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

A.L. Snapp.

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

Aug. 10, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

5893

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Fairport Mo.

MOTHER FATHER

13. NAME George E. Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mt. Gilead Ohio.15. MAIDEN NAME Jane Lloyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mt. Gilead Ohio.

17. INFORMANT (ADDRESS)

A. L. Snapp, King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE FairportDATE 5/15/31.

19. UNDERTAKER (ADDRESS)

H.D. Wislor King City.

20. FILED

May 14, 1931 A. W. Paulk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 13/31.99

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Cerebral Haemorrhage 6 P.M. May 12822 No medical attendance

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

A. W. Paulk, M. D.

(Address)

King City, Mo.

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