

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

Do not use this space.

18362

1. PLACE OF DEATH

County Wasper Registration District No. 408
Township Wabazin Primary Registration District No. 8020
City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

Fannie Mildred Waldron
(a) Residence, No. Center + Walnut Sts. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. A. Waldron</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19, 1848</u>					
7. AGE		MONTHS		DAYS	
<u>83</u>		<u>9</u>		<u>27</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u>					
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) <u>Roanoke Virginia</u>					
13. NAME <u>Henry Calingspell</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheaton Virginia</u>					
15. MAIDEN NAME <u>Sarah Link</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Virginia</u>					
17. INFORMANT (ADDRESS) <u>Mrs. Bert Stewart Center + Walnut City</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>May 19, 1931</u>					
19. UNDERTAKER (ADDRESS) <u>Kneel Mortuary Carthage, Missouri</u>					
20. FILED <u>5718</u> 19 <u>31</u> <u>A. Ketchum</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to May 16, 1931.
I last saw her... alive on May 16, 1931. Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:
Endocarditis
Age. and Hypertension

Date of onset 5-1-31

Other contributory causes of importance:
Age. and Hypertension

Name of operation none 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) E. B. Hatcher, M. D.
(Address) 338 Front Street

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.

JUN 26 1931

