

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

Do not use this space.

18802

1. PLACE OF DEATH

County Madaway Registration District No. 625
 Township Patte Primary Registration District No. 3031
 City Maryville (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 49

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1931

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1931, to May 12 1931, that I last saw her alive on April 26 - 1931, and that death occurred, on the date stated above, at 1 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 6 - 1890

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 1 6

Cerebral arteriosclerosis
45 (duration) yrs. mos. ds.

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) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) 48 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mad. Co Mo's

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Sherry Hawk

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Sarah Alexander

WHAT TEST CONFIRMED DIAGNOSIS Physical exam
 (Signed) J.M. Ryan M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mad. Co Mo's

19 (Address) Maryville, Mo

14. INFORMANT Mike Still
 (Address) Maryville Mo

*State the DISEASE CAUSING DEATH, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 5-14-31 C. H. Fryer REGISTRAR
M.E.S.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill DATE OF BURIAL 5/14 1931

20. UNDERTAKER Price Funeral Home ADDRESS Maryville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1931

