

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

Do not use this space.

24067

1. PLACE OF DEATH

County Wagon Registration District No. 895
Township Mill Spring Primary Registration District No. 6197
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13

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

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

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

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

22. I HEREBY CERTIFY, that I attended deceased from May 20, 1931, to June 16, 1931

I last saw him alive on June 14, 1931. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 1851

to have occurred on the date stated above, at 2 a.m.

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

79 7 13

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

Arterio Sclerosis

Date of onset _____

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

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 _____

Other contributory causes of importance: 9 M

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

MOTHER FATHER 13. NAME Jake Jonas

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

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Anna Nickless (ADDRESS) Mill Spring Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Alward Cem DATE June 17 31

19. UNDERTAKER (ADDRESS) None

20. FILED June 16 1931 Roy J Owens Registrar.

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? _____

If so, specify _____ (Signed) Roy J Owens, M. D.

(Address) Mill Spring 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.

JUL 28 1931

RECORD

