

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

Do not use this space.

24548

1. PLACE OF DEATH

County Liberty Registration District No. 201
Township Liberty Primary Registration District No. 6780
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 64

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) _____
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. (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 (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. T. Hershey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1865</u>		
7. AGE	YEARS <u>65+</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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.	
	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>Liberty Mo.</u>		
MOTHER	13. NAME <u>Thos. G. Leatch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
	15. MAIDEN NAME <u>Elizabeth Hall</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. T. Hershey Liberty Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo.</u> DATE <u>July 15 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Church Lumber Co. Liberty Mo.</u>		
20. FILED <u>8/19/31</u> 19 <u>W. H. Goodson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1931

22. I HEREBY CERTIFY, that I attended deceased from March 10 1931 to July 13 1931

I last saw him alive on July 11 1931. Death is said to have occurred on the date stated above, at 99 m.

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

Cerebral Hemorrhage

82A

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?
If so, specify _____
(Signed) J. W. Matthews, M. D.
(Address) Liberty 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.

AUG 25 1931

THIS IS A PERMANENT RECORD

