

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

Do not use this space.

27904

**1. PLACE OF DEATH**

County Douglas Registration District No. 956  
Township Clinton Primary Registration District No. 4394  
City Hopay (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4, 1912</u>		
7. AGE	YEARS	MONTHS
	<u>19</u>	<u>3</u>
		DAYS
		<u>29</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>School Girl</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hopay mo</u>	
	13. NAME <u>Chal Orr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hopay mo</u>	
	15. MAIDEN NAME <u>Diskie Hafner</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hopay mo</u>	
	17. INFORMANT <u>Chal Orr</u> (ADDRESS) <u>Hopay</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Wt. Abert</u> DATE <u>Aug 5, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Seymour D. Elliott</u>		
20. FILED <u>Aug 5, 1931</u> <u>W A Bygones</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1931 to Aug 4, 1931  
I last saw her alive on Aug 4, 1931. Death is said to have occurred on the date stated above, at 2:2 a.m.  
The principal cause of death and related causes of importance were as follows:  
acute endocarditis following rheumatic fever  
92B 1 month  
Date of onset July 12, 1931

Other contributory causes of importance:  
1150

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none 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) J. M. Edema, M. D.  
(Address) Cabool mo

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.

2-2-1931

