

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

Do not use this space.

1. PLACE OF DEATH

County Copied
Township Concord
City (No. _____) St. _____ Ward _____

Registration District No. 65-3
Primary Registration District No. 5-865

File No. 29020
Registered No. 81

2. FULL NAME

(a) Residence, No. High 7210 St. 1 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Girl</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31 30</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>4</u>
	DAYS <u>15</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>Seamstress</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>Springfield Missouri</u>		
FATHER	13. NAME <u>J. Vander Wehry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Emma Bottles</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>	
17. INFORMANT (ADDRESS) <u>F. H. J. L. Leahy High, 2001</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>High Beyond Cem.</u> DATE <u>8-16-1931</u>		
19. UNDERTAKER (ADDRESS) <u>J. R. Nichols</u>		
20. FILED <u>8-16-1931</u> <u>J. P. Johnson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Aug 16, 1931
I last saw her alive on Aug 16, 1931 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Colitis
1193
119
Date of onset July 6

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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) William H. H., M. D.
(Address) High

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