

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

Do not use this space.

30466

1. PLACE OF DEATH
 County Barry Registration District No. 30
 Township _____ Primary Registration District No. 3003
 City Morett (No. _____) St. _____ Ward _____

2. FULL NAME Catherine Marie Mrs Menomy
 (a) Residence, No. Scott St. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 31, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>✓</u>	<u>✓</u>	<u>4</u>	

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

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) Morett, Missouri

13. NAME C. M. Menomy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Scott, Kansas

15. MAIDEN NAME Frankie Sawyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morett, Missouri

17. INFORMANT (ADDRESS) C. M. Menomy, Morett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE 2007 DATE 9-4 1931

19. UNDERTAKER (ADDRESS) Callaway, Morett, Mo.

20. FILED 9-4- 1931 W. M. West
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Sept 4, 1931
 I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Drowning
159
11801 59
 Other contributory causes of importance:
Premature Birth

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) R. D. Ferguson, M. D.
 (Address) Morett, Mo.

OCT 22 1931

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

