

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

Do not use this space.

31064

1. PLACE OF DEATH

County Grundy
Township Galt
City Galt (No. _____)

Registration District No. 327
Primary Registration District No. 4194

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 2 1

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. Housemaker

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) Denver

13. NAME Joe Johnson

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

15. MAIDEN NAME Nancy Cradic

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver

17. INFORMANT Mrs. Hilda Keenan (ADDRESS) Galt Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem. Galt Mo. DATE Sept 30, 1931

19. UNDERTAKER W. C. Weston (ADDRESS) Galt Mo.

20. FILED 9-28 1931 W. C. Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1931, to 9-28, 1931. I last saw her alive on 9-25, 1931. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Organic heart disease
mitral regurgitation
131A
131B
Other contributory causes of importance: Chronic Bright's disease

Date of onset: ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) W. C. Weston, M. D.
(Address) Galt 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.

OCT 22 1931

