

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 23 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31581

1. PLACE OF DEATH

County Jasper
 Township Marion
 City Carthage (No. _____)

Registration District No. 408
 Primary Registration District No. 3020

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 784 Central St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1850

7. AGE YEARS 81 MONTHS 6 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Shafterston (STATE OR COUNTRY) Pennsylvania

13. NAME Abraham Beger

14. BIRTHPLACE (CITY OR TOWN) Hickerson (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Sarah L. Forner

16. BIRTHPLACE (CITY OR TOWN) Hickerson (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) A. J. Bodd

18. BURIAL, CREMATION, OR REMOVAL PLACE Bark Cemetery DATE Sept. 2, 1931

19. UNDERTAKER (ADDRESS) Knell Mortuary
Carthage, Missouri

20. FILED 9-11 19 31 E. H. Kitchner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1929, to Sept. 10, 1931

I last saw her alive on Sept. 9, 1931. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Mitral Regurgitation Date of onset _____
Pulmonary edema

Other contributory causes of importance:

Chronic Interstitial nephritis

Name of operation none 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? No

If so, specify _____

(Signed) Lloyd B. Clinton, M. D.(Address) Carthage, Mo.

