

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.

DEC 26 1931

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

Do not use this space.

38734

1. PLACE OF DEATH

County St. Clair  
Township Wyal  
City Collins, Mo

Registration District No. 1005-  
Primary Registration District No. 0009

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Mrs Dimple Cauthron  
(a) Residence, No. Collins, Mo 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 Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. D. Cauthron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 - 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
30 5 1

OCCUPATION 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) (STATE OR COUNTRY) Quincy Mo

MOTHER FATHER 13. NAME W. R. Raymond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Mo

15. MAIDEN NAME Margarette Parke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butcher Mo

17. INFORMANT E. D. Cauthron  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Butcher Mo DATE Nov 21 31

19. UNDERTAKER W. H. Hodge  
(ADDRESS) W. H. Hodge - Mo

20. FILED 3 Dec 1931 Winnifred Gordon  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11:20 am, 1931 to 11:20 pm, 1931

I last saw h. .... alive on 11:20 pm, 1931. Death is said to have occurred on the date stated above, at 8:30 m.

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

Tachycardia  
of unknown  
the cause of  
Tachycardia  
Date of onset

Other contributory causes of importance:

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) W. H. Hodge, M. D.

(Address) W. H. Hodge

