

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

Do not use this space.

325

1. PLACE OF DEATH

14 County Callaway Registration District No. 104
 2 Township Fulton Primary Registration District No. 3008
 7 City Fulton (No. 4) St. _____ Ward _____

File No. _____
 Registered No. 4

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Jefferson City, Mo.
 Length of residence in city or town where death occurred yrs. mos. 32 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43
 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. 235
 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) Unknown 31

13. NAME Unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Records State Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Jan 6 1932

19. UNDERTAKER (ADDRESS) North Funeral Home

20. FILE Jan 5 1932 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1932
 22. I HEREBY CERTIFY, that I attended deceased from Dec 10 1931 to Jan 4 1932
 I last saw her alive on Jan 7 1932 Death is said to have occurred on the date stated above, at 9:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Pernicious Anemia
71A
71A
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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) J. D. Lapp, M. D.
 (Address) Fulton, Mo.

WRITE CLEARLY, WITH UNFAADING 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.

FEB 29 1932

