

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

Do not use this space.

3473

1. PLACE OF DEATH

County Sullivan Registration District No. 852
Township Pleasant Hill Primary Registration District No. 6122
City (No. _____) St. _____ Ward _____

File No. 5
Registered No. _____

2. FULL NAME

Rebecca Jane Head
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Anderson Head

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>1</u>	<u>4</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House keeper
(b) General nature of industry, business, or establishment in which employed (or employer). 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Augustus B. Worlock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary C. Compton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

14. INFORMANT Floyd R. Head
(Address) Milan, Mo.

15. FILED 1/28, 1932 Mrs. Mayme Leffel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25, 1932

17. I HEREBY CERTIFY, That I attended deceased from _____ 1932, to Jan. 25, 1932, that I last saw her alive on Jan. 7, 1932, and that death occurred, on the date stated above, at 9:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes
59
(duration) same yrs. mos. ds.
CONTRIBUTORY (SECONDARY) gangrene of foot
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? 1 DATE OF (1)

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. S. Montgomery M. D.

(Address) Milan, Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Sytkora McCulloughlem, Mo. DATE OF BURIAL Jan 27 1932

20. UNDERTAKER C. A. Schwere ADDRESS Milan, Mo.

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.

EB 25 1932
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