

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

Do not use this space.

3613

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Kirkville (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
Registered No. 23

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Handland Mo  
(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<br><u>Female</u>  |  | 4. COLOR OR RACE<br><u>White</u> |   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____             |  |                                  |   |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4-1867</u>                      |  |                                  |   |  |  |
| 7. AGE YEARS<br><u>65</u>  |  | MONTHS<br><u>11</u>              |   | DAYS<br><u>12</u>  |  |
| If LESS than 1 day, _____ hrs. or _____ min.                                   |  |                                  |   |  |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> |                                  |   |  |  |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>234</u>                |                                  |   |  |  |
|  | 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) <u>La Grange Mo</u>           |  |                                  |   |  |  |
| FATHER   | 13. NAME <u>James Mc Fadden</u>  |                                  |   |  |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 15</u>   |                                  |   |  |  |
| MOTHER   | 15. MAIDEN NAME <u>Mary O'Connell</u>  |                                  |   |  |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>  |                                  |   |  |  |
| 17. INFORMANT (ADDRESS) <u>Margaret Moore</u>                                  |  |                                  |   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baring Mo</u> DATE <u>2-23-1932</u> |  |                                  |   |  |  |
| 19. UNDERTAKER (ADDRESS) <u>DePiley Kirkville Mo</u>                           |  |                                  |   |  |  |
| 20. FILED <u>Feb 22, 1932</u> <u>Mr C/Becker</u> Registrar.                    |  |                                  |   |  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1932, to Feb 21 1932  
I last saw her alive on Feb. 21 1932. Death is said to have occurred on the date stated above, at 5 p.m.  
The principal cause of death and related causes of importance were as follows:  
Mitral Stenosis  
92A  
92a  
Other contributory causes of importance \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Medical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) F. G. Riggs M. D.  
(Address) Kirkville 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.

MAR 21 1932

