

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

Do not use this space.

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. 3910
 Registered No. 26

2. FULL NAME

(a) Residence, No. Wright City, Mo. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. 9 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 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.
51 — —

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) Unknown 31

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT Records of State Hospital #1
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City, Mo. DATE Feb, 7th, 1932

19. UNDERTAKER Hernon-Taylor Furn-Co,
 (ADDRESS) Fulton, Mo.

20. FILED Feb. 7 19 32 B. N. Crews
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr, 7 19 32

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 19 31 to Febr 7 19 32
 I last saw her alive on Febr 6 19 32 Death is said to have occurred on the date stated above, at 7:40 Am.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Far Advanced Type
237

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? No
 If so, specify
 (Signed) J. S. Papp M. D.
 (Address) Fulton, 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

