

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

Do not use this space.

5376

**1. PLACE OF DEATH**

64  
1  
8

County Mason Registration District No. 547  
Township Mason Primary Registration District No. 3929  
City Hannibal (No. Leveing Hospital) St. 6 Ward

File No. \_\_\_\_\_  
Registered No. 40  
St. 6 Ward

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Perry 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam W. West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26-1886</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>10</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoutsville Mo. 1</u>		
FATHER	13. NAME <u>Robert Bush</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky 2</u>	
MOTHER	15. MAIDEN NAME <u>Jennie Graves</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Sam W. West Perry Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Perry Mo</u> DATE <u>2-11-32</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Schmitt Hannibal Mo.</u>		
20. FILED <u>2/12</u> 19 <u>32</u> <u>C. P. Cousins</u> Deputy Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932 to Feb 11, 1932  
I last saw her alive on Feb 11, 1932 Death is said to have occurred on the date stated above, at 4:50 P. M.  
The principal cause of death and related causes of importance were as follows:

Acute Thyrotoxicosis  
66 E 66 E  
Other contributory causes of importance:  
Exophthalmic Goiter (1)

Name of operation Thyroideotomy Date of 2-10-32  
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? no (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) W. J. Schmitt, M. D.  
(Address) Hannibal 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.

MADE 24 1932

RECORD WITH CONTAINING THIS IS A PERMANENT RECORD

