

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5805

1. PLACE OF DEATH
 89 County Ray Registration District No. 143
 Township Orwich Primary Registration District No. 5978
 City (No.) St. Ward

File No.
 Registered No. 3

2. FULL NAME Caloma Proffitt
 (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 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Marion H. Proffitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/15/1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 10 23

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. 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) Kansas (STATE OR COUNTRY) 2

13. NAME John Fowler
 14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) 9

15. MAIDEN NAME Sarah Hammer
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

17. INFORMANT James F. Proffitt (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elm Creek DATE 2/9 1932

19. UNDERTAKER C. D. Gibson (ADDRESS)

20. FILED 2-8-1932 L. E. Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

95B
Organic Heart Disease
died suddenly
died when seen

Other contributory causes of importance:

Had been treated for
Heart Disease by some physician

Name of operation Date of
 What test confirmed diagnosis? 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) Robt. Sheeh M. D.
 (Address) Orwich Mo

