

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

Do not use this space.

7354

1. PLACE OF DEATH

9 County Hollinger
Township Wayne
City (No. _____)

Registration District No. 69
Primary Registration District No. 5108

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Silas Key

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 1945

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. wife 235

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) Feb. 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

13. NAME Esmer Gaires

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

15. MAIDEN NAME May Lacy

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

17. INFORMANT Silas Key

(ADDRESS) Jalman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Hill DATE Nov 21 1932

19. UNDERTAKER F. W. Burkin

(ADDRESS) Jalman Mo

20. FILED 3-21-32 A. T. Kirkpatrick Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932 to Mar 20, 1932

I last saw her alive on Mar 18, 1932 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:

Post partum hemorrhage causing acute anemia
Date of onset 1 4/10
70 B
71 B

Other contributory causes of importance:

Hemorrhagic diathesis

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) A. T. Kirkpatrick, M. D.

(Address) Jalman 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.

APR 23 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

