

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.

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

Do not use this space.

10615

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.)

File No.....

Registered No. **2682**

St. Ward)

2. FULL NAME

(a) Residence, No. 3955 Washington St., 19 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 Hughie Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4th 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 11 15

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) (STATE OR COUNTRY) Nebraska

13. NAME Pat Hocter

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

15. MAIDEN NAME Effie Cody

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

17. INFORMANT (ADDRESS) Hugh Wade
3955 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 3-21 1932

19. UNDERTAKER (ADDRESS) Chas. L. Gessels & Son
4259 S. Belle Meade

20. FILED 117 27 1932 W. H. Stamer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931, to Mar 19 1932

I last saw her alive on Mar 19 1932 Death is said to have occurred on the date stated above, at 12:30 P. M.

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

Chronic Myocarditis Date of onset Dec 1-1931

Chronic Nephritis Date of onset Dec 1-1931

Other contributory causes of importance

Name of operation Lab findings Date of no

What test confirmed diagnosis? Lab findings 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 1932

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) W. H. Stamer M. D. (Address) 320 Metropolitan Bldg

