

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

Do not use this space.

12217

1. PLACE OF DEATH

38

County Spring
Township Republic
City Portland City (No.)

Registration District No. 945
Primary Registration District No. 3-431-B

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Kathleen Freese St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Freese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-29-1832

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
100 2 5

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

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) 1911 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky - 2

13. NAME Lewery Isabel

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

15. MAIDEN NAME Rhodie Bartlett

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

17. INFORMANT (ADDRESS) Marion Mcgarrick

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring City DATE 4/5/32 19.

19. UNDERTAKER (ADDRESS) H. B. Peggant

20. FILED 4/5/32 19.32 P. Adamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2 1932, when deceased died, at Portland City, Mo. I last called 2:30 p.m. 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Other contributory causes of importance:
(1)

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?
If so, specify
(Signed) J. H. Barton M. D.
(Address) Spring City, 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.

MAY 24 1932

