

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

Do not use this space.

12391

File No. 36
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

46
3
4
County Howe Registration District No. 384
Township _____ Primary Registration District No. 4777
City West Plains, Mo

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. N. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 20

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.

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) Franklin Co., Tenn

FATHER 13. NAME Joseph Oady now

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

MOTHER 15. MAIDEN NAME Susanna Fair

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

17. INFORMANT (ADDRESS) Mrs. Harry Burns
West Plains, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 4-10-32

19. UNDERTAKER (ADDRESS) Wm. Farland
West Plains, Mo

20. FILED 4-10 1938 O.P.A. Newmarch
Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-2-1928, to 4-9-1932

I last saw her alive on 4-8-1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Coronary Artery disease
arterial stenosis
occlusion
General Arteriosclerosis
Date of onset _____

Other contributory causes of importance:

23. 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? no

If so, specify _____
(Signed) E. Claude Bohrer, M. D.
(Address) West Plains 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.

MAY 25 1932

THIS IS A PERMANENT RECORD

1932-21-9
82-4-19
1849-11-30