

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

Do not use this space.

13436

1. PLACE OF DEATH

78 County Pemiscot
Township
4 City Cynthiana

Registration District No. 667
Primary Registration District No. 4388

File No. _____
Registered No. 46
St. _____ Ward _____

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 Female 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Steward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 235

10. Date deceased last worked at this occupation (month and year) March 1932 11. Total time (years) spent in this occupation. 8 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newbern Tennessee

13. NAME Jack Simon

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

15. MAIDEN NAME Hinnie Sarah

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

17. INFORMANT (ADDRESS) Jack Simon Cynthiana, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Newbern Tennessee Apr 5 1932

19. UNDERTAKER (ADDRESS) W.M. Hardrick Cynthiana, Mo.

20. FILED April 22 1932 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29 1932 to Apr. 4 1932
I last saw her alive on Apr. 4 1932 Death is said to have occurred on the date stated above, at 5 P.M.

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

11A Influenza Date of onset 3-27-32
108 11A

Other contributory causes of importance: Tobac Pneumonia 4-1-32

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) J. P. Quinn M. D.
(Address) Cynthiana, 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 8 1932

