

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

Do not use this space.

19168

1. PLACE OF DEATH
 36 County Franklin Registration District No. 294
 Township Prairie Primary Registration District No. 1418
 City (No. _____) St. _____ Ward _____

2. FULL NAME Julia M^{rs} Dermott
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 74 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. _____
 Registered No. 32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M^{rs} Dermott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 2 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 102

12. BIRTHPLACE (CITY OR TOWN) Robertsville Mo.
 (STATE OR COUNTRY) Franklin Co.

13. NAME David Aubrey

14. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY) 15

15. MAIDEN NAME Hana Higgins

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

17. INFORMANT Nora Hoffman
 (ADDRESS) 2001 W. 40

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Church Care 6-17 1932

19. UNDERTAKER Wm Casey
 (ADDRESS) St Clair St

20. FILED 6/16 1932 W. E. Gillell
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/10 1932 to 6/15 1932
 I last saw h. alive on 6/15 1932 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Other contributory causes of importance: Chronic Hypertension
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cerebral 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? _____
 If so, specify _____
 (Signed) W. E. Gillell M. D.
 (Address) St. Clair St

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.

92 1932

