

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

Do not use this space.

19439

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Wear Primary Registration District No. 1002
City Manassas City No. 72 C General Hosp St. _____ Ward) _____

File No. _____

Registered No. 2241

2. FULL NAME

(a) Residence, No. 1510 McCall St. 12 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 - 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home 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) mo /

13. NAME M. W. Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Paula Higgins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo /

17. INFORMANT Reverend Clerk
(ADDRESS) Gen. Hosp. 72 C. Mo

18. BURIAL (CREMATION) OR REMOVAL PLACE Wood DATE 6-6-32

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
918 Brooklyn av

20. FILED June 5th 3rd M. Th. Corowe
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from May 12, 1932 to June 3, 1932

I last saw her alive on June 13, 1932 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Pyopneumonia
Myocarditis - Venereal
Daleni
134A
134B
133A
Other contributory causes of importance: BB
Date of onset 1

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) P. E. Williams M. D.

(Address) Sub 72 C Gen. Hosp 72 C 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.

Cremation

