pt 11-18-32

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

Do not use this space.

22373

1. PLACE OF DEATH
28
County Crawford — Registration District No. 231 — File No.
Township Union — Primary Registration District No. 5315 — Registered No.
City Keysville Mo. No. ..... St. ..... Ward)

2. FULL NAME Phoeba Cassie Counts
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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.

AUG 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 11-1882

7. AGE: Years 49 — Months 9 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 255
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton Creek Crawford County

PARENTS
10. NAME OF FATHER: Loffie Faust
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mer County Ohio
12. MAIDEN NAME OF MOTHER: Annie Faust
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Yankee Ohio

14. INFORMANT: Frank Counts
(Address) Keysville Mo.

15. FILED 7-31, 1932 — C. R. Gibbs, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 10 1932

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1932, to July 9, 1932, that I last saw her alive on July 9, 1932 and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY): Myocarditis
(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Home.
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical findings
(Signed) Frank O. Anderson M. D.
, 19 (Address) Steelville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Robberts Cemetery — DATE OF BURIAL: July 11 1932

20. UNDERTAKER: L J Jones & Son — ADDRESS: Steelville Mo.