

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

Do not use this space.

23044

1. PLACE OF DEATH

County Jackson
Township New
City Wassabi (No. 1117)

Registration District No. 399
Primary Registration District No. 100

File No. 2958
Registered No. 2958
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1117 E 17th St., 4 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Charlotte 2

MOTHER 13. NAME Simon M^cHaskell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

15. MAIDEN NAME Anna Shires

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

17. INFORMANT Julia B. Walker

18. BURIAL, CREMATION OR REMOVAL PLACE Highland DATE 7/29 32

19. UNDERTAKER Hatkins Bros.

20. FILED July 29, 1932

Registrar W. M. Corone

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1932, to 7-23, 1932.
I last saw her alive on 7-23, 1932. Death is said to have occurred on the date stated above, at 3:30 a. m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Subcutaneous hemorrhage
ED (Hemiplegia)
530
Other contributory causes of importance: (Septicemia from Red Sore)

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. M. Corone, M. D.
(Address) 1612 E 12th St

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.

