

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

Do not use this space.

23683

1. PLACE OF DEATH

81 County Phelps
2 Township Rolla
4 City Rolla (No. _____)

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 60
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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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

10. Date deceased last worked at this occupation (month and year) don't know 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Cole

13. NAME Thomas Hedges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

15. MAIDEN NAME Evelyn Parks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernmar 10

17. INFORMANT O E Hedges (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia DATE Aug 1 1932

19. UNDERTAKER Mull & Dickler (ADDRESS) Rolla Mo

20. FILED Aug 1 1932 Jos. F. Ayers Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31 to July 31, 1932

I last saw her alive on July 31, 1932 Death is said to have occurred on the date stated above, at 12:00 p.m.

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

Paralytic Stroke Date of onset 7-31-32
978
125
1197

Other contributory causes of importance: Heart Disease Mitral Insufficiency

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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 K Mitchell M. D.
(Address) Rolla 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.

MO 95 1884

