

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

Do not use this space.

25341

~~25441~~

1. PLACE OF DEATH

7 County Bates Registration District No. 50
Township Maple Pleasant Primary Registration District No. 5074
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 51

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. J. Everett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 10, 1865</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>9</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>25</u>	
	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)	<u>Buchanan Co. Missouri</u>	
FATHER	13. NAME <u>Jacob Diddy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
MOTHER	15. MAIDEN NAME <u>don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
17. INFORMANT (ADDRESS)	<u>Robt. Everett</u> <u>Buller, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Out Hill</u> DATE <u>Aug 13</u> 19 <u>32</u>	
19. UNDERTAKER (ADDRESS)	<u>Culver</u> <u>Buller, Mo</u>	
20. FILED	<u>Aug 13, 1932</u> <u>Anna R. Culver</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11 1932

I HEREBY CERTIFY, That I attended deceased from Mar 1929 19 to Aug 11th 1932

I last saw her alive on Aug 11th 1932 Death is said

to have occurred on the date stated above, at S.P. m.

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

Chronic Nephritis Date of onset

131
97 131

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Chem 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? _____

If so, specify _____

(Signed) Sp. J. Lashin, M. D.

(Address) Buller, Mo

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.

SEP 21 1932

