

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.

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

Do not use this space.

27073

1. PLACE OF DEATH

87 County Madison Registration District No. 728
Township Clay Primary Registration District No. 5961
City Hannibal St. B. F. Home Ward.

2. FULL NAME

(a) Residence, No. U B F Home 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about - 1853 -</u>		
7. AGE <u>about 75 -</u>	YEARS MONTHS DAYS	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) MO

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY) MO

15. MAIDEN NAME No Record

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

17. INFORMANT John Franklin (ADDRESS) U. B. F. Home

18. BURIAL, CREMATION, OR REMOVAL
PLACE Robinson DATE Aug 8

19. UNDERTAKER Geo E Roberts (ADDRESS) Hannibal

20. Sept 10 Marvin Short Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1932, to Aug 6, 1932
I last saw her alive on Aug 5, 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:

Other contributory causes of importance:
Nephritis
Chronic
1918
1923

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 do, specify _____
(Signed) H. B. M. Megley, M. D.
(Address) 1217 Church Hannibal



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