

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

Do not use this space.

28748

**1. PLACE OF BIRTH**

County Chariton  
Township Muskegon  
City      (No.     )

Registration District No. 175  
Primary Registration District No. 5250

File No.       
Registered No. 40  
St.      Ward     

**2. FULL NAME**

(a) Residence, No.      St.      Ward     

(Usual place of abode)  
Length of residence in city or town where death occurred 64 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 (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1842  
7. AGE YEARS 89 MONTHS 9 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Massias, Mo. (STATE OR COUNTRY) Ill.

13. NAME Bishop

14. BIRTHPLACE (CITY OR TOWN) Dont know (STATE OR COUNTRY)     

15. MAIDEN NAME     

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

17. INFORMANT W F Cavanaugh (ADDRESS) Key-Deville, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Corinth DATE Sept 6 1932

19. UNDERTAKER Jay McLaughlin (ADDRESS) Marion, Mo

20. FILED 15 1932 W. H. H. H. H.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1928, to      19    

I last saw her alive on Nov 1 1928. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

fracture of hip Date of onset 1928

Other contributory causes of importance:

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     

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)      M. D.

(Address)     

NOTE: Every item of information should be carefully supplied. AGES 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.

Oct 25 1932

**SECRET**

[illegible]

AT 10:00 PM

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Chariton  
Township Misselford  
City Sanilda (No.           )

Registration District No. 175  
Primary Registration District No. 5250

File No.             
Registered No. 40 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid)

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

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 11/12 19 92

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1932

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

I last saw h.            alive on           , 1932. Death is said to have occurred on the            day above, at            m.

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

fracture of hip Date of onset 14

recumbent

Other contributory causes of importance: 1860

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           , 1932

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)           , M. D.

(Address)

S-28748