

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

Do not use this space.

29074

1. PLACE OF DEATH

42 County Henry
 4 Township
 7 City Clinton (No. _____)

Registration District No. 347
 Primary Registration District No. 3018

File No. _____
 Registered No. 88 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. South Main St. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 15

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

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) Pacific mo

13. NAME Dr Charles W Jeffries

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

15. MAIDEN NAME Adams

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

17. INFORMANT (ADDRESS) Robt Ming Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE 9/18 1932

19. UNDERTAKER (ADDRESS) Spore & son Clinton Mo

20. FILED 9/19 1932 Ed C. Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1932 to 9-17, 1932

I last saw him alive on 9-17, 1932. Death is said to have occurred on the date stated above, at 2 P. m.

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

atheria,

Date of onset

Other contributory causes of importance:

Bronchitis & Chronic nephritis

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) G. S. Welcher, M. D.
 (Address) Clinton Mo.

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.

WRITE FULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 26 1932

elph

