

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

Do not use this space.

38373

1. PLACE OF DEATH
 7 County Butler Registration District No. 267 File No. 8
 Township Mingo Primary Registration District No. 329 Registered No. 8
 City (No.) St. Ward

2. FULL NAME Mary Eva Churman
 (a) Residence No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 A. B. Churman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31, 1975
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 | 3 | 29 | | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1932
 17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932 to Dec 29, 1932 that I last saw him alive on Dec 29, 1932 and that death occurred, on the date stated above, at 7:30 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
 (duration) yrs. mos. da. | |
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. da. | |

9. BIRTHPLACE (CITY OR TOWN) Aaron
 (STATE OR COUNTRY) Butler Co Mo

10. NAME OF FATHER John Stanton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Henderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. M. Guffey, M. D.
 (Address) Crestview Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT A. B. Churman
 (Address) Aaron Mo

15. FILED 1933 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Peter Creek DATE OF BURIAL Dec 31, 1933
 20. UNDERTAKER Robert Arnold ADDRESS Crestview Mo

All information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dallas
Township Mingo
City (No.)

Registration District No. 267
Primary Registration District No. 3890

File No.
Registered No. 8
St. Ward

2. FULL NAME

(a) Residence, No. Mary Eva Thurman 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>M</u>		
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. <u> </u> hrs. or <u> </u> 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) (STATE OR COUNTRY)

FATHER 13. NAME John Stayton

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

MOTHER 15. MAIDEN NAME Mary Hubbard

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Dec 31 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1932

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

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Date of onset

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 , 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) , M. D.

(Address)

SUPPLEMENTARY

Every term 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 OCCUPA: is very important. CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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