

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

Do not use this space.

40003

1. PLACE OF DEATH

County Jackson
Township Paul
City Jessamine City (No. 513 Steptoe)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 5011 St. 5011 Ward

2. FULL NAME

(a) Residence, No. 513 Steptoe 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867

7. AGE YEARS 65 MONTHS DAYS IF LESS than 1 day, hrs. or min.

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

13. NAME Unknown

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

15. MAIDEN NAME Unk.

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

17. INFORMANT (ADDRESS) Fred Stapleton
513 Steptoe

18. BURIAL, CREMATION, OR REMOVAL PLAC. Highland DATE Dec 29 1932

19. UNDERTAKER (ADDRESS) Watkins Bros
1729 Myrtle

20. FILED 12/28 1932 M. H. Crowe
asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24 1932

I HEREBY CERTIFY, That I attended deceased from 12/23/32, 19... to 12/24/32, 19...
I last saw her alive on Dec 23 1932 Death is said to have occurred on the date stated above, at 145 P in.

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

Lobar Pneumonia 12/24/32
Myocardial degeneration
108
930 108
Other contributory causes of importance:
Lobar Pneumonia 12/23/32

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) J. L. Hoffman M. D.
(Address) 827 North 10th

Accuracy supplied. AGE shown or stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important.

