

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan
Township Jackson
City (No.)

Registration District No. 85-2
Primary Registration District No. 6124

File No. 42926
Registered No.
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1859

7. AGE YEARS 73 MONTHS 7 DAYS 12 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) Milan, Missouri (STATE OR COUNTRY)

13. NAME Thomas Russell

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

15. MAIDEN NAME Mary Catherine Nathan

16. BIRTHPLACE (CITY OR TOWN) Janesville, Ohio (STATE OR COUNTRY)

17. INFORMANT Chas. Murdoch (ADDRESS) Rt. 2 Milan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 12/7 19.

19. UNDERTAKER C. A. Schaefer (ADDRESS) Milan Mo

20. FILED Dec 19 1932 Mayme Call Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from about Jan 1, 1932, to Dec 5, 1932. I last saw her alive on Nov 23, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Other contributory causes of importance: 97

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? No.
If so, specify

(Signed) J. S. Montgomery, M. D.
(Address) Milan Mo.

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.

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1833

