WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2944

1. PLACE OF DEATH

94 County St Francois — Registration District No. 773 — File No.

Township Pendleton — Primary Registration District No. 6023 — Registered No. 16

City Bonne Terre (No. ..... St. ..... Ward)

2. FULL NAME Jane Stringer

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1860

7. AGE — YEARS 72 — MONTHS 4 — DAYS 19 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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) Mo.

FATHER

13. NAME Robert Yarbeery

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

MOTHER

15. MAIDEN NAME Mary Silvey

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

17. INFORMANT (ADDRESS) Alice Walford

18. BURIAL, CREMATION, OR REMOVAL — PLACE Woodlawn Cemetery — DATE Feb 1 1933

19. UNDERTAKER (ADDRESS) Carbdwell Bro. Fletcher

20. FILED Feb 1 1933 B. J. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/17 1932, to 1/31/33, 19..

I last saw her alive on Jan 31, 1933. 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:

Chronic Myocarditis — Date of onset

93 C

Other contributory causes of importance:

Asthma (Bronchial)

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) Clyde C Winter, M. D.

(Address) Farmington Mo.