

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.

1. PLACE OF DEATH

County Warsh
Township Huddellfork
City Warsh (No. _____)

Registration District No. 1112
Primary Registration District No. 6213

File No. 4551
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15 1879</u>		
7. AGE <u>53</u>	YEARS <u>9</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		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) <u>Warsh Co. Mo.</u>		
13. NAME <u>Henry C. Asher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Marriah M. Maywell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
17. INFORMANT <u>M. Schuster</u> (ADDRESS) <u>Warsh Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smukton</u> DATE _____ 19____		
19. UNDERTAKER <u>Hayes Andrews</u> (ADDRESS) <u>Warsh Mo.</u>		
20. FILED <u>Jan. 4 1933</u> <u>P. Andrews</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1932 to Jan. 3, 1933

I last saw her alive on Jan. 3, 1933 Death is said to have occurred on the date stated above, at 10 a.m.

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

Curvature of spine causing heart failure

Other contributory causes of importance:

63 63

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) Albert Andrews M. D.
(Address) Warsh, Mo.

