

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirkville (No. _____) Ward _____

File No. 4594
Registered No. 86
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 715 N. High 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Harris</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 184</u>				
7. AGE	YEARS <u>91</u>	MONTHS <u>9</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</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>Wales</u> <u>Eng</u>				
FATHER	13. NAME <u>John Bowden</u>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Joe Krustler</u> <u>715 N. High</u> <u>Kirkville</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Kirkville Mo</u> <u>Feb. 13, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>J. C. Minor</u> <u>Kirkville Mo</u>				
20. FILED <u>2-15-1933</u> <u>Mrs. C. H. Beckley</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Feb 11, 1933
I last saw him alive on Feb 5, 1933 Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:
apoplexy cerebral Date of onset 82A
sudden
162 82A

Other contributory causes of importance:
empty old age

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 1932
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 John F. Dodson, M. D.
(Signed) Kirkville Mo
(Address)

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.

WHITE PAPER WITH UNWADING INK—THIS IS A PERMANENT RECORD

