

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper Registration District No. 2807
 4 Township Cartersville Primary Registration District No. 5-41
 City Cartersville (No.) St. Ward

File No. 6122
 Registered No.

2. FULL NAME

(a) Residence, No. 224 N. Wilson 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 White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Ottis Close
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 6 9

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) Cartersville
 (STATE OR COUNTRY) Missouri

13. NAME Ralph Turner

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

15. MAIDEN NAME Cassie Cooper

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

17. INFORMANT Ottis Close
 (ADDRESS) Cartersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville DATE 2/16 1933

19. UNDERTAKER West City Undert Co
 (ADDRESS) West City, Mo.

20. FILED Feb 17 1933 J. W. Clark
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb - 14, 1933, to Feb - 14, 1933

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 5³⁰ p. m.

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

Pulmonary T. B
2 1/3
 Date of onset
 Other contributory causes of importance: John one year ago

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?
 If so, specify

(Signed) Madelyn H. O. M. D.
 (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.

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