

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

M. L. Neil
Do not use this space.

0775

1. PLACE OF DEATH

80 County Butte
Township Flat Creek
City Salina

Registration District No. 668

Primary Registration District No. 5891

(No. R7D#1)

File No. _____

Registered No. 48

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R7D#1 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 6 8

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

13. NAME W. R. Anderson

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

15. MAIDEN NAME Sarah Foster

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

17. INFORMANT (ADDRESS) J. L. Carpenter Salina

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel DATE 2/11 33 19

19. UNDERTAKER (ADDRESS) Speasie Jewell House Salina

20. FILED 2-10-1933 J. P. LOVE Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1933, to Feb 9, 1933

I last saw her alive on Feb 8, 1933 Death is said

to have occurred on the date stated above, at 11 a m.

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

chronic myocarditis

Date of onset

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Other contributory causes of importance:
chronic myocarditis

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. no

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas. M. Neil, M. D.

(Address) Salina, Mo.

