

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

Do not use this space.

9269

1. PLACE OF DEATH

County Greene
Township Fremont
City Fremont (No. _____ St. _____ Ward _____)

Registration District No. 330
Primary Registration District No. 3017

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. East 12th St St. 14 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. C. Tillery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 - 1906</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>1</u>
		DAYS
		<u>21</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>Housewife</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 <u>11</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Anacastle Mo</u>		
MOTHER	13. NAME <u>Frauz Stinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frem Castle Mo</u>	
	15. MAIDEN NAME <u>Nora Wood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Norwinger Mo</u>	
17. INFORMANT (ADDRESS) <u>J. C. Tillery Fremont Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Ruegers Court Cem Apr 2nd 1933</u>		
19. UNDERTAKER (ADDRESS) <u>B. H. Hembler Anacastle Mo</u>		
20. FILED <u>April 19 33</u> <u>Ed Duffey</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 1933, to Mar 31 1933.
I last saw him alive on Mar 31 1933. Death is said to have occurred on the date stated above, at 5:20 A.M.
The principal cause of death and related causes of importance were as follows:
Puerperal pelvi peritonitis following miscarriage
1450
Other contributory causes of importance:
Pneumonia

Date of onset	<u>Mar 27 1933</u>
Date of death	<u>Mar 31 1933</u>

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) G. W. Belshe M. D.
(Address) Fremont Mo

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.

APR 21 1933

