

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 22 1933

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

Do not use this space.

9375

1. PLACE OF DEATH

County Jackson Registration District No. 396 File No. _____
 Township Port Osage Primary Registration District No. 5527 Registered No. 9
 City Wilkes (No. _____) St. _____ Ward _____

2. FULL NAME Drey Auld

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 43 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 married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel W. Auld

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>0</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Illinois

13. NAME James Jefferson White

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

15. MAIDEN NAME Helen Van Namee

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

17. INFORMANT (ADDRESS) Margaret Johnson
Buckner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sibley, Mo DATE March 25, 33

19. UNDERTAKER (ADDRESS) John W. Duppert
Dushan, Mo.

20. FILED 4-10 1933 W. H. Mansfield
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to March 14, 1933.
 I last saw him alive on March 19, 1933. Death is said to have occurred on the date stated above, at 4:00 AM.
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Date of onset May 1, 1930

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) W. H. Mansfield, M. D.
 (Address) Buckner Mo

MAY 22 1952