

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

Do not use this space.

13078

1. PLACE OF DEATH

43
County Rickory
Township Wheatland
City Wheatland, Mo.

Registration District No. 365
Primary Registration District No. 5511

File No. 5
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wheatland, St. Mo. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. Jordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>5</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) Missouri

13. NAME Thos. W. Mashburn

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

15. MAIDEN NAME Jam. Hastings

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

17. INFORMANT Thos. Jordan

(ADDRESS) Wheatland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Douglas DATE 4 yr 33

19. UNDERTAKER J. Luster

(ADDRESS) Wheatland, Mo.

20. FILED Apr 21, 1933 Mrs. A. S. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr - 16 -, 1933 to Apr - 20 -, 1933
I last saw h. alive on Apr 25, 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Bronchial Pneumonia 4-16-33
107A

Other contributory causes of importance: Chronic Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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) A. S. Johnston, M. D.

(Address) Wheatland 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.

MAY 22 1933

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