

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

Do not use this space.

13935

**1. PLACE OF DEATH**

County Miller

Registration District No. 6

Township Ozage

Primary Registration District No. 5760

City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Margaret E. Airport AIRHART

(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 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**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF  
(OR) WIFE OF

Wm. Airport

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Jan 29-1845

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1

88

2

5

day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Ind.

(STATE OR COUNTRY)

**10. NAME OF FATHER**

John Cochran

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Ind.

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

do not know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

do not know

**14.**

INFORMANT

(Address)

John DeAtley  
St. Louis, Mo.

**15.**

FILED

6/13, 1923

REGISTRAR

**3. MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 4/4 1933

**17. WHERE CERTIFY**, That I attended deceased from March 28, 1933 to April 4, 1933 that I last saw him alive on March 29, 1933, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Paralysis (Hemiplegia)  
88 yrs. standing

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** Cold or influenza

104A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G.W. Duncan, M.D.

4/4, 1933 (Address) St. Louis, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Clark Co.

4/5 1933

**20. UNDERTAKER**

ADDRESS

Adams & Co.

St. Louis, Mo.

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.

JUN 23 1933

