

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

Do not use this space.

14324

1. PLACE OF DEATH

93 County St. Clair
4 Township
16 City Orscola (No. _____)

Registration District No. 765
Primary Registration District No. 4460

File No. _____
Registered No. 75 Ward _____

2. FULL NAME

Mrs. Hannah Collyer Jarvis
(a) Residence, No. _____ St. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1856
7. AGE YEARS 76 MONTHS 5 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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. home
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) Macon Co. Mo.
13. NAME Lory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME Ruth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Ella Pruitt Orscola Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Orscola Mo. DATE April 17, 1933

19. UNDERTAKER (ADDRESS) O. S. Hull Orscola Mo.
20. FILED 6/10 19 33 R. Seavers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1933
22. I HEREBY CERTIFY That I attended deceased from April 10, 1933 to April 17, 1933
I last saw her alive on April 16, 1933 Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were _____ follows: _____ of onset _____

Influenza
92A
11B
92A
Other contributory causes of importance: nutritional insufficiency

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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Ruth Seavers, M. D.
(Address) Orscola Mo.

MARGIN RESERVED FOR BINDING

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.

JUN 23 1933

V. S. NO. 2

