

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

Do not use this space.

16701

**1. PLACE OF DEATH**

County Jackson  
Township Jackson  
City Jackson, Mo.

Registration District No. 389

Primary Registration District No. 1009

File No. 2198  
Registered No. 322  
St. 322 Ward

**2. FULL NAME**

(a) Residence, No. 4907 E. 10th 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-10-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 5 10

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) Claughton, Mo.

13. NAME Deceased - Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE May 23, 1933

19. UNDERTAKER (ADDRESS) Watkins 1729 Lydia

20. FILED May 23, 1933 771, 773 Carowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1933 to 5-20, 1933  
I last saw her alive on 5-20, 1933 Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Alcoholic Polyneuritis Date of onset

Other contributory causes of importance Septicemia

Name of operation Amputation of leg Date of May 23, 1933

What test confirmed diagnosis Amputation of leg Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No. Date of injury May 23, 1933

Where did injury occur? Highland (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accident  
Nature of injury Amputation of leg

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify

(Signed) J. O. Ottewill, M.D.  
(Address) General Hospital #2

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.

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