

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Haw
City House City, Mo (No. 508 West Pennway St. _____ Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 19878
Registered No. 2594

2. FULL NAME

(a) Residence, No. 508 West Pennway 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deceased.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 5 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Dayton Ills

13. NAME Do not know

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

15. MAIDEN NAME ✓ ✓ ✓

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

17. INFORMANT Walter Brown (ADDRESS) 508 West Pennway

18. BURIAL, CREMATION, OR REMOVAL Staubers PLACE DATE 6-21 1933

19. UNDERTAKER D. V. MAST FUNERAL HOME, inc. (ADDRESS) 3146 main St.

20. FILED 6-21 1933 M. H. Crowe Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-1933

22. I HEREBY CERTIFY, That I attended deceased from Spaulding _____, 19____. I last saw him _____ live on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: 930 930

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? yes

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) [Signature] (Address) _____
DEPT. COR

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.

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