

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

Do not use this space.

25519

1. PLACE OF DEATH

County Adair  
Township  
City Kirkville (No. ....)

Registration District No. 4  
Primary Registration District No. 3001

File No. ....  
Registered No. 159  
St. .... Ward)

2. FULL NAME

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Fielder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 0 1

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) mo

13. NAME Robert Johnson

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

15. MAIDEN NAME Loone Shain

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

17. INFORMANT Fred Fielder

18. BURIAL, CREMATION, OR REMOVAL PLACE Nouinger DATE 8/26 '33

19. UNDERTAKER Dee Riley (ADDRESS) Kirkville

20. FILED Aug 30, 1933 (Address) Ms R. P. Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1933, to Aug 24, 1933

I last saw her alive on Aug 24, 1933 Death is said to have occurred on the date stated above, at 8:15 P.m.

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

myocarditis  
930  
11B  
9301  
Date of onset

Other contributory causes of importance:  
pulmonary adenoma

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) R. P. Ellis, M. D.  
(Address) Kirkville, 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.

SEP 26 1933

RESERVED FOR BIRTHING

