

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

Do not use this space.

28987

OCT 20 1933

**1. PLACE OF DEATH**

County Worth  
Township Worth  
City (No. ....) St. .... Ward

Registration District No. 130  
Primary Registration District No. 2175

File No. ....  
Registered No. ....

**2. FULL NAME**

(a) Residence, No. Dora, Surslett St. .... Ward.  
(Usual place of abode) Delta, Mo

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 White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Surslett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9<sup>th</sup> of Feb 1897  
7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.  
36 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.R.  
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) Cape Co Mo

13. NAME Daniel Gilder  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo

15. MAIDEN NAME Maggie Franklin  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Co, Ill

17. INFORMANT (ADDRESS) John Surslett  
18. BURIAL, CREMATION, OR REMOVAL PLACE Kenyon Cemetery Sept 9, 1933

19. UNDERTAKER (ADDRESS) Hamans Cope Hinder  
20. FILED 9-11-33 J. M. Blake Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Sept 1<sup>st</sup>, 1933, to Sept 7, 1933  
I last saw her alive on Sept 7, 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Eclampsia  
146  
Date of onset 9

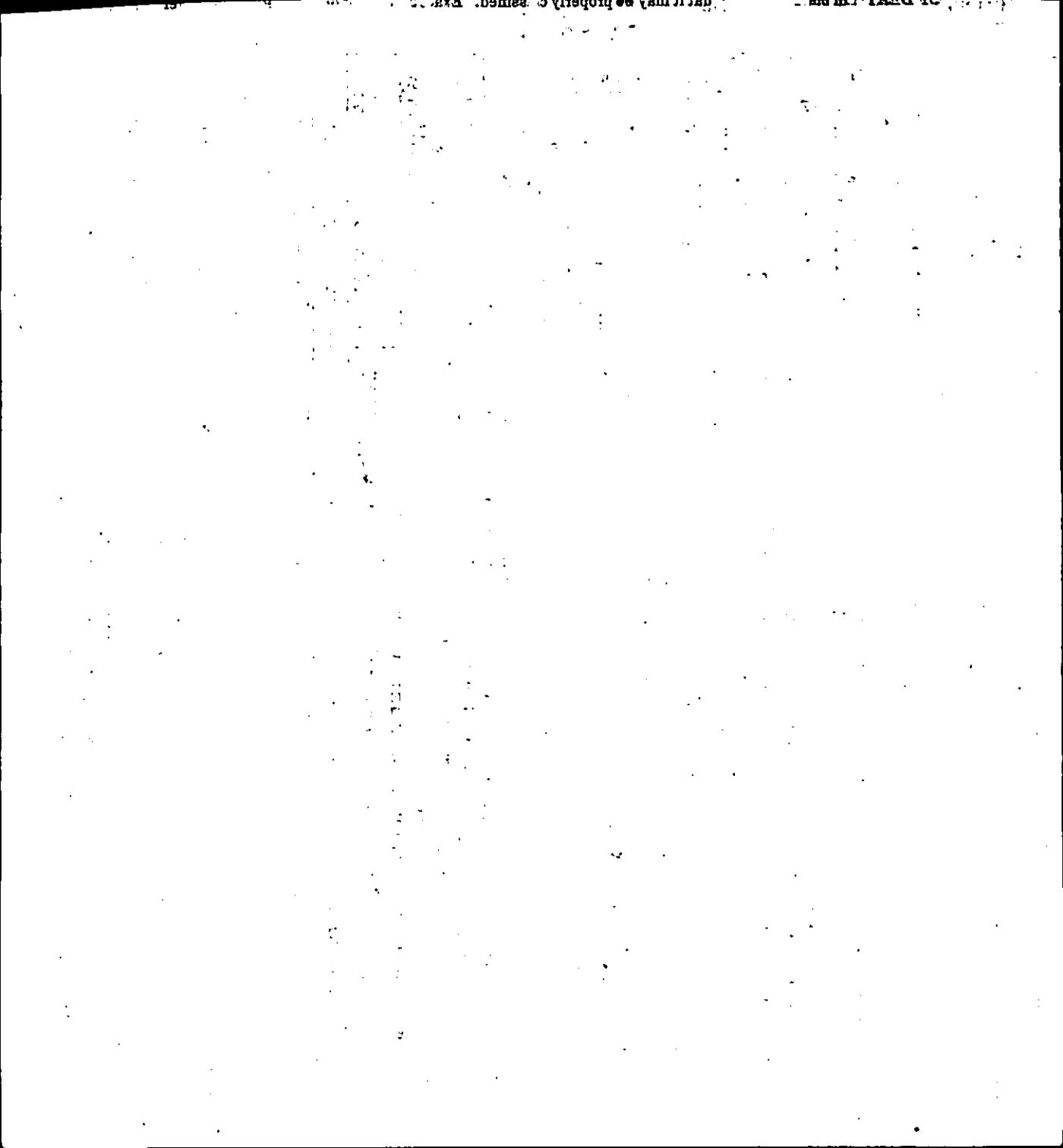
Other contributory causes of importance: .....

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? no  
If so, specify .....  
(Signed) W. W. Dwyer, M. D.  
(Address) Alleville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-335



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Wapey Registration District No. 130  
 Township Witch Primary Registration District No. 5170  
 City (No. St. Ward)

**2. FULL NAME**

Para Sirett

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

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

I last saw h..... alive on \_\_\_\_\_, 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

B. P. Sirett (Phlegm)  
1400  
 Date of onset

13. NAME

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

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury

15. MAIDEN NAME

Where did injury occur? (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL

24. Was disease or injury in any way related to occupation of deceased? If so, specify

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

(Signed) \_\_\_\_\_, M. D.

20. FILED Nov. 21, 1933 J. M. Staple Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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