

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

Do not use this space.

30196

1. PLACE OF DEATH

County McDonald Registration District No. 142
Township Erle Primary Registration District No. 5693
City Southman (No. _____) 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 OF FACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
85 9 9

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. Housekeeper

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) Timber Ridge Tenn

13. NAME Henry

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) H. M. Harlow Woodman

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Cemetery DATE 9/23 1933

19. UNDERTAKER (ADDRESS) Chas W Williams

20. FILED 10-10 1933 Chas W Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1933 to Sept 23 1933
I last saw him alive on Sept 23 1933. Death is said to have occurred on the date stated above, at 3.0 a.m.

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

Influenza
or Grippe
Other contributory causes of importance: 11B

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) C. G. Collins, M. D.
(Address) Woodman Mo

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. **WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD**

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Oct 20 1933

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