

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

Do not use this space.

34092

1. PLACE OF DEATH

County Pike
Township Buffalo
City Louisiana (No. 914 Jenn

Registration District No. 689
Primary Registration District No. 3033

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 914 Jenn St. 4 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. G. Jones</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27th - 76</u>				
7. AGE	YEARS <u>57</u>	MONTHS <u>7</u>	DAYS <u>16</u>	IF LESS than 1 day, or hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
FATHER	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) <u>Carton Mo.</u>			
MOTHER	13. NAME <u>W. H. Graves</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenns County Mo.</u>			
	15. MAIDEN NAME <u>Jessie J. Montgomery</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Lisbon Ohio</u>				
17. INFORMANT (ADDRESS) <u>A. G. Jones Louisiana Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Carton, Mo.</u>		DATE <u>10 15 33</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Allen Louisiana Mo.</u>				
20. FILED <u>10-13 1933 J. H. Allen Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 13 33

22. I HEREBY CERTIFY, That I attended deceased from
9-12-32, 1932, to 10 13 33, 1933
I last saw her alive on 10 13 33, 1933 Death is said to have occurred on the date stated above, at 30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebrum of Arteries
Date of onset

Other contributory causes of importance:
Hemiplegia from Cerebral (Metastatic) Calc.

Name of operation ovaryectomy Date of 9-12-32
What test confirmed diagnosis? Microscopic Was there an autopsy? NO

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 NO
(Signed) J. Cunningham, M. D.
(Address) Louisiana, 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.

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