

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

Do not use this space.

36970

**1. PLACE OF DEATH**

51 County Johnson Registration District No. 427  
Township Jackson Primary Registration District No. 3592  
City Edwardsville (No. ....) St. .... Ward .....

**2. FULL NAME**

Mary E Underwood  
(a) Residence, No. 1 Kingsville R.F.D. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
75- 9 18

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

FATHER 13. NAME O J Maxwell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Not Known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs Underwood Kingsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Underwood Church Nov 8 1933

19. UNDERTAKER (ADDRESS) W. W. Ford Pleasant Hill Mo

20. FILED Nov. 8, 1933, Edward Audrus, M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1933, to Nov 6, 1933  
I last saw him alive on Nov 2, 1933. Death is said to have occurred on the date stated above, at 9 P.M.  
The principal cause of death and related causes of importance were as follows:

Metal Regurgitation.  
Bleeding Hypertension.  
9313  
153  
Other contributory causes of importance: .....

Name of operation ..... Date of .....  
What test confirmed diagnosis? ✓ 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? .....  
If so, specify .....  
(Signed) P. U. Murray, M. D.  
(Address) Pleasant Hill, 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.

NOV 10 1933

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