

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.

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

Do not use this space.

37015

JAN 4 1934

1. PLACE OF DEATH

County Wapayette Registration District No. 461
 Township Washington Primary Registration District No. 3024
 City _____ St. _____ Ward _____

File No. 100
 Registered No. _____

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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15-1884</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>7</u>	DAYS <u>4</u>
If LESS than 1 day, _____ 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. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Higginsville Mo</u>	
	13. NAME <u>Frances Field</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
FATHER	15. MAIDEN NAME <u>Frances Workoff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bever Mo</u>	
17. INFORMANT <u>Frances Washington</u> (ADDRESS) <u>Washington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Higginsville Mo</u> DATE <u>Nov 23 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. G. Ferguson</u> <u>Washington Mo</u>		
20. FILED <u>Nov 21 1933</u> <u>Amel Briel Bates</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1933 to 11-18 1933
 I last saw her alive on 11-18 1933 Death is said to have occurred on the date stated above, at 11:30 AM.
 The principal cause of death and related causes of importance were as follows:
mitral Regurgitation Date of onset _____
92 R
 Other contributory causes of importance:
Chr. Valvular Disease
Gen.

Name of operation _____ Date of _____
 What test confirmed diagnosis? EC 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 _____
 (Signed) James E. Lee M. D.
 (Address) 120 N. 12th St.

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