

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

Do not use this space.

37233

1. PLACE OF DEATH

County Monroe Registration District No. 579
Township Manassah Primary Registration District No. 5776
City _____ (No. _____) St. _____ Ward _____

File No. _____
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. da. 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8/30/1933</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>		
13. NAME <u>Pearle Gyroque</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>		
15. MAIDEN NAME <u>Susie Boyne</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Pearle Gyroque Madison Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hallsday Mo</u> DATE <u>Mar 28</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Red & Thompson Madison Mo</u>		
20. FILED <u>Mar 27</u> 19 <u>33</u> <u>Red & Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1933, to _____, 1933.

I last saw him alive on Mar 27, 1933. Death is said to have occurred on the date stated above, at 112 St.

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

Heart Disease
95%
Other contributory causes of importance:
15%

Name of operator _____ 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 _____, 1933

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) H. E. Johnson, M. D.

(Address) Madison Mo

W.W. Eubank

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.

STATE FORM NO. 1, WITH CHANGING INK—THIS IS A PERMANENT RECORD

