

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.

JAN 26 1934

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

Do not use this space.

40956

1. PLACE OF DEATH

79 County Perry
Township Paris
City Blairville (No. _____)

Registration District No. 1128Primary Registration District No. 5879a

File No. _____

Registered No. 64

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unmarried
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1866
7. AGE YEARS 77 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Perry Co Mo (STATE OR COUNTRY)13. NAME Flourine Kelly14. BIRTHPLACE (CITY OR TOWN) France (STATE OR COUNTRY)15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

17. INFORMANT Eliza J. Valleroy (ADDRESS) Clayville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Clayville Mo DATE Dec. 7, 193319. UNDERTAKER Youngst Endres (ADDRESS) Blairville Mo20. FILED Jan. 10 1934 Chas. F. Brennan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 193322. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933 to Dec. 5, 1933I last saw him alive on Dec 4, 1933. Death is saidto have occurred on the date stated above, at 3:00 a.m.

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

Pneumonia Date of onset Nov. 28
Labor
1933
1933

Other contributory causes of importance 1 dayName of operation None Date of _____What test confirmed diagnosis? Symptoms Was there an autopsy? no23. 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) Geo. Hoffman, M. D.(Address) Blairville Mo

