

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

Do not use this space.

41209

1. PLACE OF DEATH  
 County St. Genevieve Registration District No. 9  
 Township Galine Primary Registration District No. 6-27  
 City Wingaster R #1 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Artemissia Rector  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Rector (Died)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 1848  
 7. AGE YEARS 85 MONTHS 2 DAYS 5 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 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. \_\_\_\_\_  
 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) St. Genevieve Co Mo  
 MOTHER FATHER  
 13. NAME Jackson Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Tenn  
 15. MAIDEN NAME Barbara Harmon  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Tenn  
 17. INFORMANT Queen E. Rector  
 (ADDRESS) Wingaster Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Dec 23rd 1933  
 19. UNDERTAKER (ADDRESS) Wendert and Ed Harmonington Mo  
 20. FILED 12/23 1933 Mrs H.N. Vaughn  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1933 to Dec 21 1933  
 I last saw her alive on Dec 5 1933. Death is said to have occurred on the date stated above, at 12:05 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Senility Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Arteriosclerosis  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) E. B. Perkins M. D.  
 (Address) Harmonington 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.

