

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

Do not use this space.

210

1. PLACE OF DEATH

County Barber Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City Mo. Meth. (No. 1404) St. _____ Ward _____

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Fairfax St. _____ Ward. Fairfax Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. S. Lawrence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1907

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
26 5 0

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. at home

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. Joseph Mo.

13. NAME John M. Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walt Mo.

15. MAIDEN NAME Bertha E. Highsmith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

17. INFORMANT (ADDRESS) L. S. Lawrence Fairfax Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Craig Mo. DATE Jan 9 34

19. UNDERTAKER (ADDRESS) Single - Plaster, F. H. of Craig Mo.

20. FILED 1-8-34 1934 John P. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 34

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934, to Jan 6, 1934

I last saw her alive on Jan 6, 1934 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Septicemia Purpura Date of onset _____
Child born 12-23-33

Other contributory causes of importance: 145

Name of operation none Date of _____
What test confirmed diagnosis? Chis 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) M. H. Gray, M. D.
(Address) St. Joseph Mo.

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.

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Dr W. G. G.

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