

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. - Exact statement of OCCUPATION is very important.

430-5 FEB 27 1934

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

Do not use this space.

1887

PLACE OF DEATH

County *Missouri*
Township *Charleston*
City *Charleston* (No. _____)

Registration District No. *566*
Primary Registration District No. *3030*

File No. _____
Registered No. *6*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *108 1/2 M. Elm* St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* 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 *G. Blaykeship*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 10, 1849*

7. AGE YEARS *84* MONTHS *3* DAYS *9* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, 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) *Wickliffe Ky.*

13. NAME *Brown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Geo. M. Allen* (ADDRESS) *Charleston Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Trappan Cemetery* DATE *1/30*

19. UNDERTAKER *Geo. M. Allen* (ADDRESS) *Charleston Mo.*

20. FILED _____ 19 _____ Registrar _____

3 MEDICAL CERTIFICATE OF DEATH 3 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 19 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 8th* 19*33* to *Jan 19th* 19*34*

I last saw her alive on *Jan 18th* 19*34* Death is said to have occurred on the date stated above, at *3:40* m.

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

Fractured hip and Sensitivity I.R.A.

Date of onset *11/18/33*

Other contributory causes of importance: *Sensitivity*

Name of operation *9/10/33* Date of _____
What test confirmed diagnosis? *Symptoms* 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 _____, 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 *Fell on floor*
Nature of injury *Fractured left hip*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____
(Signed) *Frank S. Hornum*, M. D.
(Address) *Charleston Mo*

