

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

Do not use this space.

3545-2

**1. PLACE OF DEATH**

County Saline Registration District No. 9137  
Township Cambridge Primary Registration District No. 1000  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7 - 1883</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>7</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 23 . 1934  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1932, to Jan 23rd, 1934  
I last saw her alive on Jan 14, 1934. Death is said to have occurred on the date stated above, at 1 P. M.  
The principal cause of death and related causes of importance were as follows:

Illness, insufficient nourishment  
Senility  
Other contributory causes of importance \_\_\_\_\_  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo.</u>
FATHER
13. NAME <u>Wm Foster</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
MOTHER
15. MAIDEN NAME <u>Dora Howard</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dora Howard</u>
17. INFORMANT <u>Mollie Howard</u> (ADDRESS) <u>Saline Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fish Lake Mo</u> DATE <u>Jan 25 1934</u>
19. UNDERTAKER <u>John J Salzer</u> (ADDRESS) <u>Saline Mo</u>
20. FILED <u>Jan 27 1934</u> <u>J. Davidson</u> Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) A. H. Miller, M. D.  
(Address) William Me.

JUN 26 1934

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.

