

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County CedarRegistration District No. 163Township El Dorado SpgsPrimary Registration District No. 4095City El Dorado Spgs (No.)File No. 4254Registered No. 15

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 18557. AGE YEARS 78 MONTHS 9 DAYS 3 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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Mo13. NAME Dout know14. BIRTHPLACE (CITY OR TOWN) Dout know (STATE OR COUNTRY)15. MAIDEN NAME16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)17. INFORMANT Frank Withers (ADDRESS) 11207 Independence Ave KE Mo18. BURIAL, CREMATION, OR REMOVAL PLACE El Dorado Spgs DATE Feb 8 193419. UNDERTAKER Home (ADDRESS) El Dorado Spgs Mo20. FILED 2-7- 1934 W. H. Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 - 193422. I HEREBY CERTIFY, That I attended deceased from April 1933 to Feb 7 1934I last saw him alive on Feb 6 1934 Death is said to have occurred on the date stated above, at 1 A m.

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

(apoplexy) Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

arteriosclerosis

Name of operation

What test confirmed diagnosis? 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

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?

If so, specify

(Signed) L. J. Dunaway M. D.(Address) El Dorado Spgs Mo

