

MAR 24 1934

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

Do not use this space.

4636

1. PLACE OF DEATH

39

County

Township

City

Deer
Walnut Grove
Pharos Mo

Registration District No.

Primary Registration District No.

325

5450

File No.

Registered No.

4

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Female**White**Widowed*

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

James Willis

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

Dec-23-1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*83**✓**1*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

Greensboro N.C.

13. NAME

Alexander Rocky

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

N.C.

15. MAIDEN NAME

Charlotte Fields

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

N.C.

17. INFORMANT (ADDRESS)

Mrs. O. Taylor

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Waltham Cem.

DATE

Feb-25-34

19. UNDERTAKER (ADDRESS)

Wm. Samuel Stone
Waltham Mo.

20. FILED

Feb. 24

1934

Georgia Killingsworth

Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb-24*, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan., 1934, to *Feb.*, 1934.I last saw her alive on *Feb. 22*, 1934. Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

*Infection of throat and middle ear. for 2 weeks.**115 A*

Other contributory causes of importance:

*Myocardial degeneration.*Name of operation *none*

Date of.....

What test confirmed diagnosis? *clinical* 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.....

Nature of injury.....

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

If so, specify.....

(Signed) *Charles H. McCallie*, M. D.(Address) *ASH Grove MO.*

