

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

Do not use this space.

1. PLACE OF DEATH

County Newtown Registration District No. 612 File No. 5886
 Township Van Buren Primary Registration District No. 5814 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Jane Southcott
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W - 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20/1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 4 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER

James Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER

Jane Sherman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) England

14.

INFORMANT Bruce Southcott
 (Address) Diamond Mo

15.

FILED 2-3 1934 Grace Hudson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1934

17. I HEREBY CERTIFY That I attended deceased from Mar 1933 to Feb 2 1934 that I last saw her alive on Jan 27 1934 and that death occurred, on the date stated above, at 6 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis
 (duration) yrs. 3 mos. da.
 CONTRIBUTORY general breakdown
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) J. W. King, M. D.

, 19 (Address) Sarsaparilla Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Van Buren 2-5 1934

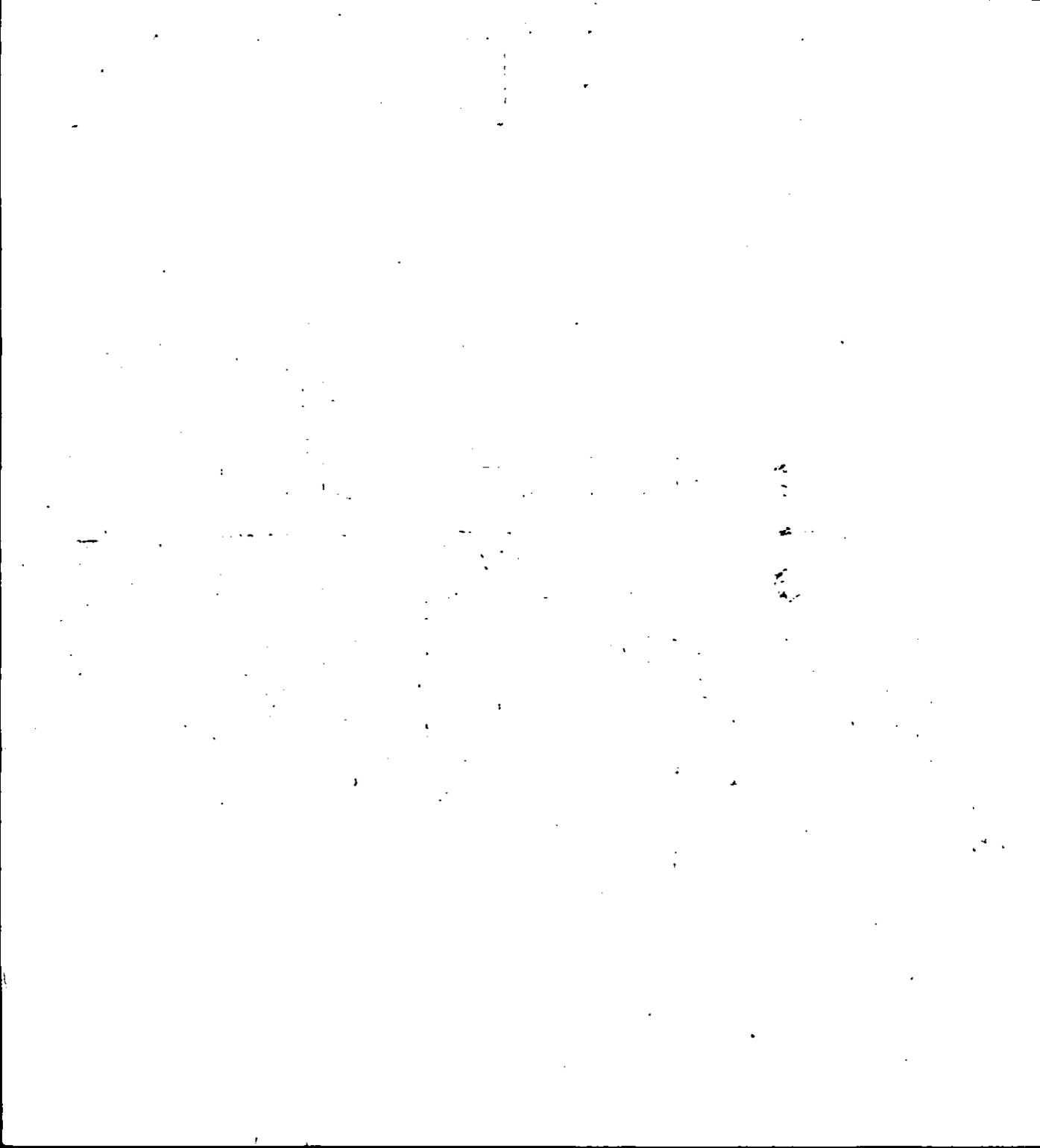
20. UNDERTAKER

ADDRESS

Century Diamond
Highland Brookshire

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.

FEB 27 1934



Newton

WASHINGTON

5886

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate

Name: Mary Jane Douthett
Who died at _____ on Feb 2 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 77 Months 4 Days 12

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) Paralytic Probably

Birthplace of mother (State or country) Caused by Chronic Infarction

Principal cause of death: Sen. Break down

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician J. W. ...

Address of physician Scraper, Mo.

Signature of Registrar Grace Hudson Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 612 Very truly yours, E. T. Mc Gaugh M.D.

Primary Reg. Dist. No. 5814 E. T. Mc Gaugh M.D.

Special Agent.

5-5886

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