

MAR 34 15

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

Do not use this space.

7620

1. PLACE OF DEATH

County WorthTownship StitchellCity Lincoln City MoRegistration District No. 903Primary Registration District No. 6212

File No.

Registered 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 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 OFRobt A. Wellwhite (deceased)

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.71620

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Fox County Ohio

FATHER

13. NAME

Edmund Cummings14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown

MOTHER

15. MAIDEN NAME

unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown17. INFORMANT
(ADDRESS)Julius Andrews

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grant City Mo

DATE

Feb 4 193419. UNDERTAKER
(ADDRESS)Andrews Grant City Mo

20. FILED

19 34

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 19 3422. I HEREBY CERTIFY, That I attended deceased from Feb 1, 19 34, to Feb 1st, 19 34I last saw him alive on Feb 1st, 19 34. 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:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) John Andrews, M. D.(Address) Grant City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

With this certificate should be carefully supplied, when submitted to State Registrar, a statement of the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

