

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No.)

Registration District No. 104
Primary Registration District No. 3008

File No. 8066
Registered No. 67
St. Ward)

2. FULL NAME

(a) Residence, No. Jefferson City, Mo St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Blue</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>49</u>		<u>don't know</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Washing & Ironing</u>		<u>9 1/2</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u> <u>Missouri</u>		
13. NAME <u>don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>u</u>		
15. MAIDEN NAME <u>u</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>u</u>		
17. INFORMANT <u>Mrs. Ethelene Rogers</u> (ADDRESS) <u>1011 Charlotte St. K.C. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia, Mo</u> DATE <u>1934</u>		
19. UNDERTAKER <u>J. O. Roberts</u> (ADDRESS) <u>Columbia, Mo</u>		
20. FILED <u>Mar 26 1934</u> <u>R. N. Green</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 22, 1934

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to 3 - 22, 1934

I last saw h. ep. alive on 3 - 21, 1934 Death is said to have occurred on the date stated above, at 7 a.m.

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

Name of operation..... Date of.....
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....., 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) Joseph Dale, M. D.
(Address) State Hospital
Fulton, Mo

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.

MISSOURI STATE BOARD OF HEALTH - A PERMANENT RECORD

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