

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

Do not use this space.

1. PLACE OF DEATH

County Clark

Registration District No. 193

Township Des Moines

Primary Registration District No. 3270

City _____ (No. _____)

St. _____

Ward _____

File No. 8254

Registered No. _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 Samuel Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>5</u>	<u>1</u>	

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) Indianapolis
(STATE OR COUNTRY) Indiana

13. NAME George Stratton

14. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)

15. MAIDEN NAME Cordelia Stewart

16. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)

17. INFORMANT Mrs. Chas. Pusey
(ADDRESS) Quincy, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Sand Cemetery DATE March 7, 1934

19. UNDERTAKER H. P. Kircher
(ADDRESS) Wayland, Missouri

20. FILED 3/17 1934 H. P. Kircher
By H. P. Kircher Registrar.

MEDICAL CERTIFICATE OF DEATH

✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:15 a.m.

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

Pound Dead

myocarditis

930

Other contributory causes of importance _____

930

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? _____
If so, specify _____

(Signed) J. L. McConnell coroner

(Address) Revere, Missouri

By H. P. Kircher
By H. P. Kircher

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.

1934
235
235
235

