

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Cooper Registration District No. 219
Township Palatine Primary Registration District No. 530
City Bonville (No. _____) (If nonresident, give city or town and State) _____
St. _____ Ward _____

File No. 13387
Registered No. 7

2. FULL NAME

(a) Residence, No. _____ Ward _____
(Usual place of abode) _____ (If nonresident, give city or town and State) _____
Length of residence in city or town where death occurred 28 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James L. Painter</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31-1861</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (month and year) <u>—</u>		
11. Total time (years) spent in this occupation <u>—</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palat Grove, Missouri</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT (ADDRESS) <u>Lloyd Painter, 211 N. 1st St. Bonville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palat Grove</u> DATE <u>4/20</u> , 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Steckline, Palat Grove, Mo.</u>		
20. FILED <u>4/25/34</u> <u>Hattie Painter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Apr 19, 1934
I last saw him alive on Apr 16th, 1934 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
arterial sclerosis Date of onset 1933
anemia - age

Other contributory causes of importance:
—

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

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) E. M. Allen, M. D.
(Address) Sp. Gen. 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.

