

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Nobles
Township
City Maryville

Registration District No. 625
Primary Registration District No. 3031

File No. 13709
Registered No. H-3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Maple, Mo. 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. 6 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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Honest Wiseman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27 - 1909</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>8</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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>at Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Apr. 6 - 1934</u>	11. Total time (years) spent in this occupation <u>7 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hopkins Missouri</u>		
MOTHER FATHER	13. NAME <u>Oscar Webb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Ind.</u>	
	15. MAIDEN NAME <u>Jane Davison</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bradysville Tenn.</u>		
17. INFORMANT (ADDRESS) <u>Honest Wiseman Hopkins, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopkins</u> DATE <u>4-10</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>F. L. Williams Bradford, Mo.</u>		
20. FILED <u>4-14</u> 19 <u>34</u> <u>3x Mamie E. Clardy</u> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13 1934
22. I HEREBY CERTIFY, That I attended deceased from April 7 1934 to April 13 1934
I last saw him alive on April 13 1934 Death is said to have occurred on the date stated above, at 10:20 P.M.
The principal cause of death and related causes of importance were as follows:

Double Lobar Pneumonia (Lower Lobar)
10:20
Other contributory causes of importance:
10:20

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? no 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 no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. S. Bell, M. D.
(Address) Maryville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

