

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

Do not use this space.

24683

3001

1. PLACE OF DEATH

County Jackson
Township Wagon
City W.C. Mo. (No. General Hosp. #2)

Registration District No. 249
Primary Registration District No. 11-11-3

File No. 3001
Registered No. 3rd St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1603 Midland East 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 <u>Female</u>		4. COLOR OR RACE <u>Colored</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>UNKNOWN</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>ABOUT 68</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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) 11. Total time (years) spent in this occupation.				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>					
MOTHER	13. NAME <u>Unknown</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
	15. MAIDEN NAME <u>Unknown</u>				
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
	17. INFORMANT <u>Record Clerk</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia</u> DATE <u>July 22</u> 19 <u>34</u>					
19. UNDERTAKER (ADDRESS) <u>Adkins Bros</u> <u>2000 E. 12th</u>					
20. FILED <u>7-21</u> 19 <u>34</u> <u>am on clove</u> <u>asst Registrar.</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1933 to 7-19, 1934

I last saw her alive on 7-19, 1934 Death is said to have occurred on the date stated above, at 9:05 A. M.

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

Chronic Myocardial Date of onset

3rd 2nd 1st

Coronary Sclerosis

Other contributory causes of importance:

Disseminated Tuberculosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) W. O. Atkinson M. D.

(Address) General Hosp. #2

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.

JUL 21 1934

