

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

Do not use this space.

SEP 11 1934

28152

1. PLACE OF DEATH

County Adair
Township
City Kirkville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 157
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. South Lifford Mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of E. B. Munier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 1 28

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) (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Arthur Casley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Fatta Bellfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT E. B. Munier (ADDRESS) Jackston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE August 8, 1934

19. UNDERTAKER (ADDRESS) W. H. McCallum & Sons
South Lifford, Mo.

20. FILED Aug 10, 1934 Spencer Deenan Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7 Aug 1934 to 7 Aug 1934

I last saw her alive on 7 Aug 1934 Death is said to have occurred on the date stated above, at 505 E

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

General Peritonitis Date of onset 8/2/34

140

140

Other contributory causes of importance:

Incomplete Abortion 7/30/34

Name of operation none 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) E. S. Smith, M. D.

(Address) Kirkville 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.

APR 20 1942