

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

Do not use this space.

SEP 17 1934

**1. PLACE OF DEATH**

County Adair  
Township  
City Kirkville (No. \_\_\_\_\_)

Registration District No. 4  
Primary Registration District No. 3001

File No. 23161  
Registered No. 163  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 415 East Jefferson 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. 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. H. Wells.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-17-1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>4</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>at Home</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) Ohio

FATHER 13. NAME Jeffariah Edmond

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

MOTHER 15. MAIDEN NAME Elizabeth Hemminger

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

17. INFORMANT Rose Smider  
(ADDRESS) Kirkville Mo. RFD #5

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 8-15- 1934

19. UNDERTAKER Dee Riley  
(ADDRESS) Kirkville Mo.

20. FILED Aug 16th 34 Spencer Dreaman  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18<sup>th</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30 1934 to Aug 18<sup>th</sup> 1934  
I last saw her alive on Aug. 13<sup>th</sup> 1934 Death is said to have occurred on the date stated above, at S. P. m.

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

Cerebral hemorrhage Date of case July 30 1934

Other contributory causes of importance:  
Excessive heat  
Arteriosclerosis.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) Spencer Dreaman 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.

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