

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

Do not use this space.

SEP 12 1934

30/157

1. PLACE OF DEATH

County Montgomery Registration District No. 5-29-5
Township Bean Creek Primary Registration District No. 4347-5
City High Hill (No. _____) St. _____ Ward _____

File No. _____
Registered No. 10

2. FULL NAME

(a) Residence, No. _____ 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>W</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>Benny Sublette</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19 - 1843</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co N.C.</u>	
	13. NAME <u>Thomas Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>	
	15. MAIDEN NAME <u>Polly Williams</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>	
	17. INFORMANT <u>Benny Sublette</u> <u>Jonesbury Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Hill</u> DATE <u>8/16</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>J. M. Anderson</u> <u>Jonesbury Mo</u>		
20. FILED <u>Aug 14</u> 19 <u>34</u> <u>E. A. Baw</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1934

22. I HEREBY CERTIFY That I attended deceased from 15 years, 1919, to Aug 7 1934
I last saw him alive on Aug 7 1934. Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:
15 years ago Bronchitis and Valvular
1919
Other contributory causes of importance:
Impure of age

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera. Was there an autopsy? _____

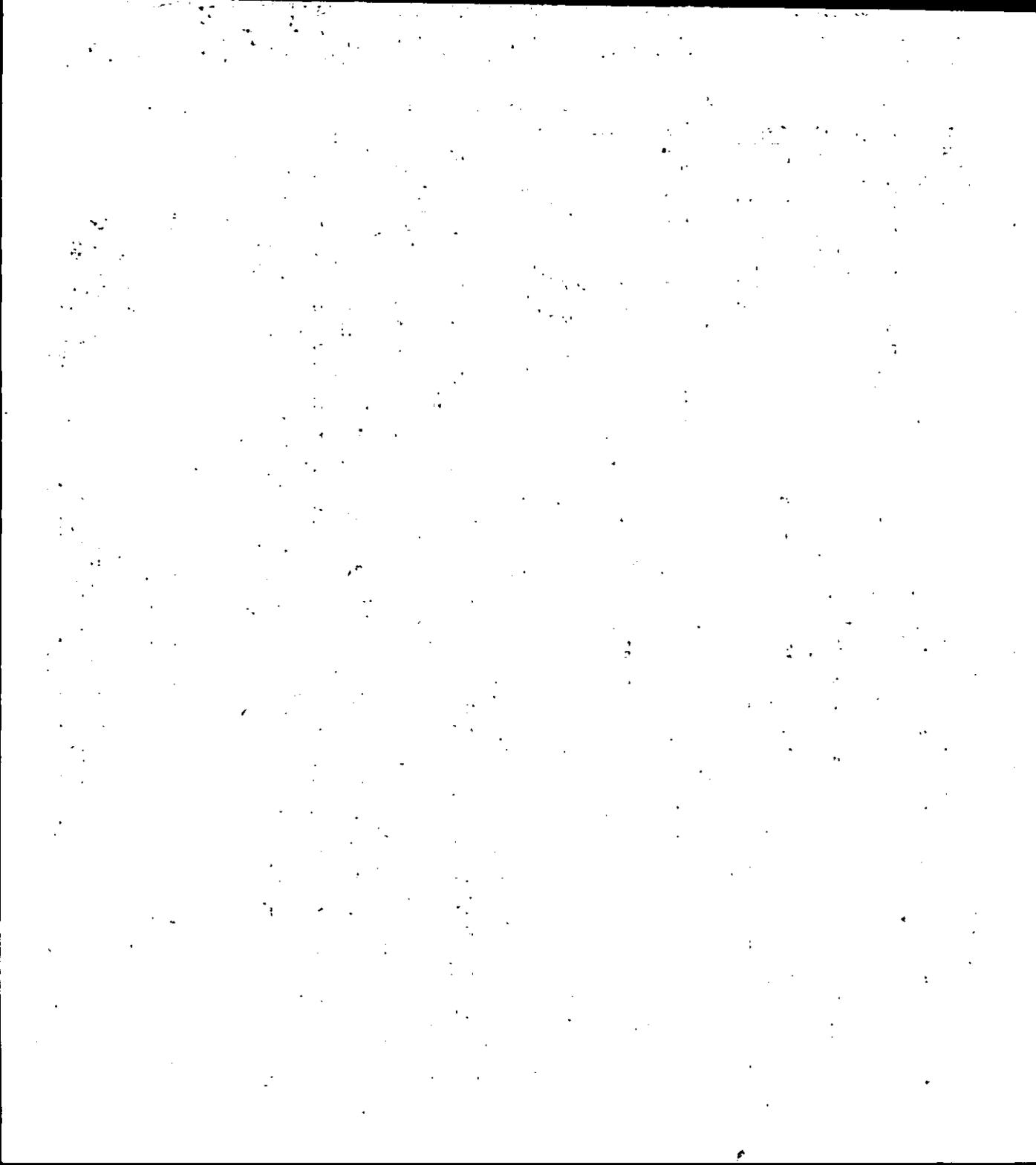
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 22
If so, specify _____
(Signed) E. A. Baw, M. D.
(Address) Jonesbury 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.



#2 *Montgomery*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs. Francis P. Sublette
Who died at _____ on Aug - 13 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 90 Months 7 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: 15 yrs. ago Bronchitis, (Palsy)
superior of age General all over

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar E. T. McLaugh Date filed Oct 8 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. N. 589

Very truly yours,

E. T. McLaugh

State Registrar

Primary Reg. Dist. N. 5787a

Special Agent.

