

OCT 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township Dewitt
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 136 31st
Primary Registration District No. 407th

File No. 32194
Registered No. 15

2. FULL NAME Mary R. Childs

(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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR WIFE OF) Homer Childs6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
45 7 26

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. Housewife
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) Chariton Co. Missouri

13. NAME Cliff Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Missouri

15. MAIDEN NAME Ellen Blue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Missouri

17. INFORMANT Paulie Smith (ADDRESS) Kansas City, Kas.18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick, Mo. DATE Sept 12, 193419. UNDERTAKER Willis F. Ingersoll Home (ADDRESS) Carrollton Mo.20. FILE Sept 12, 1934 Calvin Fickerson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 193422. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1934, to Sept 9, 1934I last saw her alive on Sept 9, 1934 Death is said to have occurred on the date stated above, at 4:10 A.M.

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

Heart Failure due toThyro Toxycosis
665

Other contributory causes of importance:

Name of operation _____ 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) R. Hamilton Stator, M. D.
(Address) 478 E. Widen
Carrollton 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.

