



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

NOV 13 1934

1. PLACE OF DEATH

County Jackson
Township Raw
City Hanson

Registration District No. 399

File No. _____

Primary Registration District No. 1002

Registered No. 4752

No. St Joseph's Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 820 E Jefferson St., _____ Ward Clinton Mo
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 26 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 5 4

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) Clinton Mo

FATHER 13. NAME Abner Fry

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

MOTHER 15. MAIDEN NAME Rose Ingram

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

17. INFORMANT (ADDRESS) Charles Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 10 7 34

19. UNDERTAKER Fred Wilkinson

(ADDRESS) Clinton Mo

20. FILED 10/28 1934 M. M. Crowe

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1934

I HEREBY CERTIFY, That I attended deceased from Sept 25 to Sept 30, 1934

I last saw him alive on Sept 29, 1934 Death is said to have occurred on the 30th above, at 3:56 m.

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

Peritonitis of unknown origin

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 _____, 1934

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? _____

If so, specify _____

(Signed) J Park Neal, M. D.

(Address) 736 Argyle Bldg

Clinton Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-33098