

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

Do not use this space.

NOV 13 1934

1. PLACE OF DEATH

County Indiana
Township Salt River
City Mexico Mo (No.)

Registration District No. 26
Primary Registration District No. 3002

File No. 35128
Registered No. 147
St. Ward)

2. FULL NAME

(a) Residence, No. 415 N. Clark St., 2 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF J. F. Bates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16, 1852

7. AGE YEARS 82 MONTHS 6 DAYS 6 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Indiana

13. NAME Hiram Parent

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

15. MAIDEN NAME Elizabeth Tipton

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

17. INFORMANT Mrs. Leona Lawrence
(ADDRESS) 415 N. Clark Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aux Vasee Mo DATE Oct. 23, 1934

19. UNDERTAKER Douglas Maupier
(ADDRESS) Aux Vasee Mo.

20. FILED 10/22/1934 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1934, to Oct 22, 1934
I last saw him alive on Oct 21, 1934 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia pneumoniae
107A
162
Branches

Other contributory causes of importance:

Senility
107A
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. S. Williams, M. D.
(Address) unspecified Mo

1980-1981

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2000