

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

Do not use this space.

NOV 13 1934

37050

1. PLACE OF DEATH

County Putnam
Township Pickens
City (No.)

Registration District No. 722
Primary Registration District No. 6953

File No.
Registered No. 6
St. Ward)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M.F. Speaks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Jan 1929 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo.

13. NAME E. Hamilton

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

15. MAIDEN NAME Ellen B. Cook

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

17. INFORMANT Albert Speaks (ADDRESS) Unionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson DATE Oct 29 34

19. UNDERTAKER Stuntz (ADDRESS) Unionville Mo.

20. FILED Nov 9, 1934 W M Hill Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934, to Oct 22, 1934. I last saw her alive on Oct 22, 1934. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis and myocardial degeneration Date of onset 1928
Paralysis agitans 1929

Name of operation Date of
What test confirmed diagnosis? physical. 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
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) J. W. Gillum, M. D.
(Address) Unionville, 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.

WRITE PLAINLY, WITH OUTLINES INK—THIS IS A PERMANENT RECORD

