

DEC 27 1934

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

Do not use this space.

38289

1. PLACE OF DEATH

County Texas
Township Waller
City Waller Mo. (No. _____)

Registration District No. 1077
Primary Registration District No. 6042

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Waller Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 3 3

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

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) Waller Mo.

13. NAME Jim Phipps

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

15. MAIDEN NAME Matie Walker

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

17. INFORMANT (ADDRESS) Jim Phipps

18. BURIAL, CREMATION, OR REMOVAL PLACE Waller DATE 10-29 34

19. UNDERTAKER (ADDRESS) F. Dunbar

20. FILED Nov 28 1934 W. A. Waller Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Oct 28, 1934

I last saw her alive on July, 1934. Death is said to have occurred on the date stated above, at 6 A.M.

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

Pulmonary Tuberculosis Date of onset 1932

Other contributory causes of importance None

Name of operation None 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 _____, 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) P. R. Terrell, M. D.

(Address) Waller 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.

100-11-1-2-33

