

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.

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

Do not use this space.

39677

1. PLACE OF DEATH

JAN 1 8 1935

County Jackson Registration District No. 399  
Township Grand Primary Registration District No. 1002  
City Lamar city (No. 4) General Hosp St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 3110 Charlotte Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-16-1883</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>2</u>
	DAY <u>13</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>mo</u>		
MOTHER	13. NAME <u>Columbus McPherson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Ann Dellen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Burd Clark</u> (ADDRESS) <u>RC Genl Hosp</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St Josephs Mort</u> DATE <u>Dec 3 1935</u>		
19. UNDERTAKER <u>St Josephs Mortuary</u> (ADDRESS) <u>34 M. M. Coram</u>		
20. FILED <u>Dec 3 1935</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-9-1934 to 11-29-1934  
I last saw her alive on 11-29-1934 Death is said to have occurred on the date stated above, at 10:50 a.m.  
The principal cause of death and related causes of importance were as follows:  
Tumor of Brain non malignant  
540 540  
Date of onset

Other contributory causes of importance:  
Post operative Shock

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

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?.....  
If so, specify.....  
(Signed) P. F. De Maria, M. D.  
(Address) St Josephs Hosp

