

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.

DEC 17 1934

1. PLACE OF DEATH

County Jasper
Township W. City
City W. City

Registration District No. 417
Primary Registration District No. 3021

File No. 39808
Registered No. 111
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Madison 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>3</u>
	DAYS <u>10</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>at Home</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) Paris, Pa.

13. NAME Dunkled

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Pa.

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. George Barnes
(ADDRESS) W. City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Central Nat. Cem. DATE 11/19 1934

19. UNDERTAKER W. City Burial Co.
(ADDRESS) W. City, Mo.

20. FILED 11-19 1934 J. L. Craig
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 1934

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1934 to Nov. 17, 1934

I last saw him alive on 11-17-34, 19____. Death is said to have occurred on the date stated above, at 8:30 P. M.

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

Chronic myocarditis
930
11/34

Other contributory causes of importance: 430

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 no

(Signed) W. J. ..., M. D.

(Address) W. City, Mo.

