

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

Do not use this space.

JAN 8 1935

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Barthage - Arlington Hotel St. _____ Ward _____

File No. 43354
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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. ds. (If nonresident, give city or town and State)

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>Eldon King</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>—</u>	DAYS <u>—</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) <u>Geniennette, Miss</u>				
MOTHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>			
	15. MAIDEN NAME <u>"</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>			
17. INFORMANT <u>Mrs. J. N. Johnson</u> (ADDRESS) <u>Barthage, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>Dec. 20, 1934</u>				
19. UNDERTAKER <u>Ernest Montgomery</u> (ADDRESS) <u>Barthage, Mo.</u>				
20. FILED <u>Dec 20 1934</u> <u>E. B. Clinton</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1934

22. I HEREBY CERTIFY That I attended deceased from Nov. 28 1934 to Dec 18 1934

I last saw her alive on Dec 18 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic Bright's disease Date of onset 2 years ago

Other contributory causes of importance:
Hypertension & arteriosclerosis (cerebral) one year ago

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? fell Date of injury 12-17-1934
Where did injury occur? at Arlington Hotel
Jasper Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell off her bed
Nature of injury slight back injury, lacerated

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify E. S. Hatcher (Signed) _____ M. D.
(Address) 725 Walnut, Barthage

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 PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

