

JAN 17 1935

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

Do not use this space.

43440

1. PLACE OF DEATH

County Jasper Registration District No. 413 File No. _____
 Townshp Manuel Primary Registration District No. 5559c Registered No. 49
 City Wassell St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ Ward. Jasper
 (Usual place of abode) 1923 Hall (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Neoga, Ill

13. NAME Jessie B. Singer

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

15. MAIDEN NAME Jessie Lewis

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Memorial Park DATE 12-15-34

19. UNDERTAKER (ADDRESS) Jasper, Mo.

20. FILED 12-15 1934 Harry A. Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1931 to Dec 13 1934
 I last saw her alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 1:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
25A
930
 Other contributory causes of importance: Myocarditis
 Name of operation None Date of _____
 What test confirmed diagnosis? Asp. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Jesse E. Douglass, M. D.
 (Address) Jasper City

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.

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