

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.

FEB 25 1935

1072

1. PLACE OF DEATH

County Howard
Township Waverly
City Glasgow (No.)

Registration District No. 379
Primary Registration District No. 4223

File No.
Registered No.
St. Ward)

2. FULL NAME

Mrs. Mollie May
(a) Residence, No. Glasgow St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF James P. May
(OR) WIFE OF

22. I HEREBY CERTIFY That I attended deceased from Aug 7 1934 to Jan 8 1935
I last saw her alive on Jan 8 1935. Death is said to have occurred on the date stated above, at 9:10 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 1860

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

7. AGE YEARS 74 MONTHS 8 DAYS 19 (If LESS than 1 day, hrs. or min.)

Other contributory causes of importance:

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

Pneumonia
Jan 2 to Jan 8 1935

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Heart failure
Jan 7 to Jan 8 1935

10. Date deceased last worked at this occupation (month and year) June 1934

confined to bed

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.

13. NAME James Maddox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

15. MAIDEN NAME Lucy Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.

17. INFORMANT Ketter S. Harnes
(ADDRESS) Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glasgow, Mo. DATE Jan. 9 1935

19. UNDERTAKER Walker Cullbert
(ADDRESS) Glasgow Mo.

20. FILED 1-12 35 J. W. Giddens
Registrar

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

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)

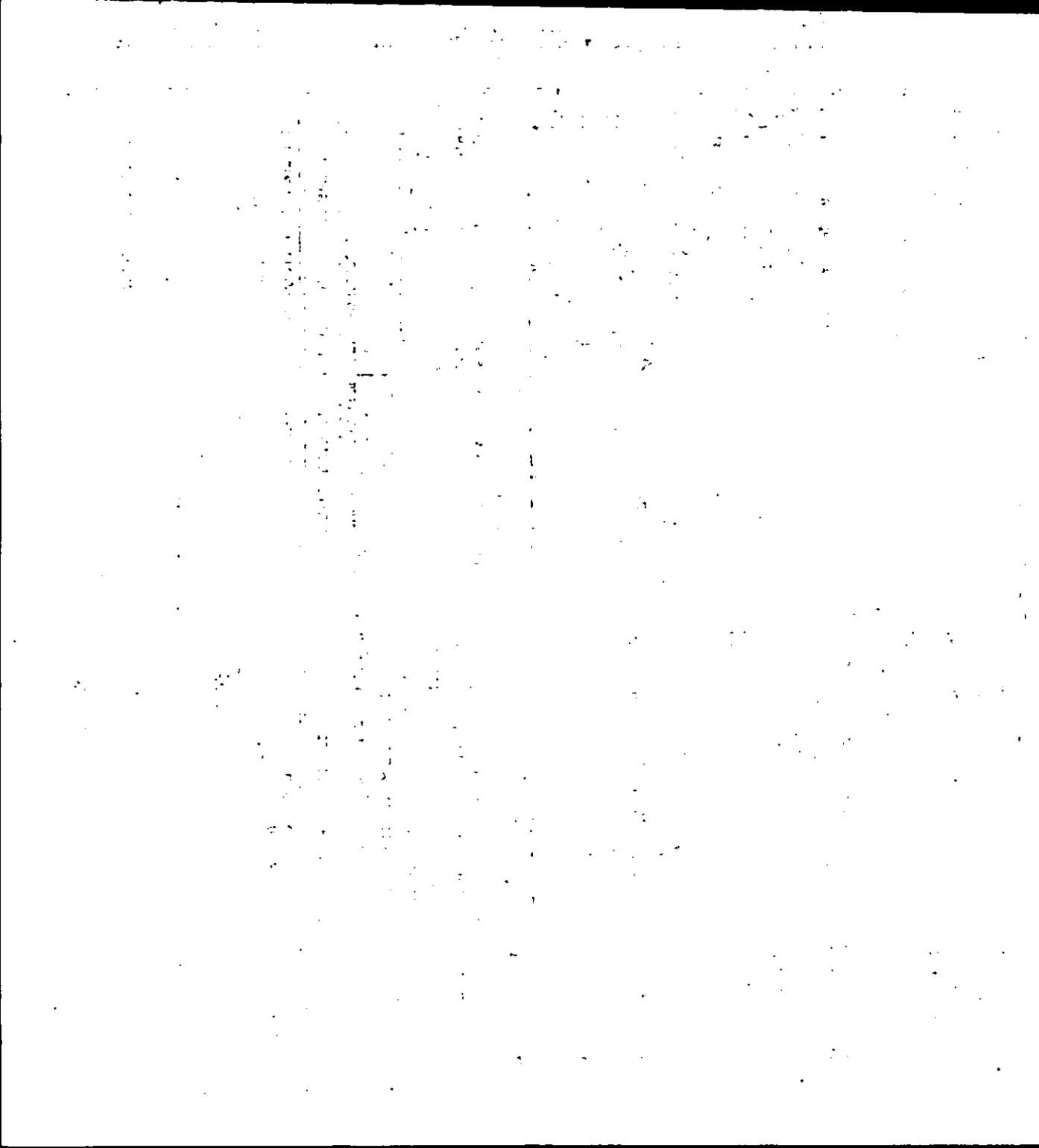
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify with pneumonia (Signed) W. H. C. ..., M. D.

(Address) Glasgow Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Howland
Township Blasport
City Blasport (No.)

Registration District No. 379
Primary Registration District No. 4223

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 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 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 19

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

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 spent at this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 3-31-35

J. E. ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1935

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to....., 19.....

I last saw him/her alive on....., 19.....

Death is said to have occurred on the date stated above, at..... m.

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

..... Date of onset

Other contributory causes of importance:

fracture
Anteracapsular fracture obtained Aug 1934
standing in kitchen - calcium embolus
fracture, involving hip, obtained fracture
Name of operation..... Date of operation.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 Death due to natural causes

(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)....., M. D.

(Address).....

SUPPLEMENTARY

186W

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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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MAR 29 1935