

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

1. PLACE OF DEATH

County Jasper Registration District No. 408  
Township Jackson Primary Registration District No. 5563  
City etc (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1719  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Ashley, Missouri St. etc 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. 1 mos. 22 ds. How long in U. S., if of foreign birth? etc yrs. etc mos. etc 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>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-11-1844</u>		
7. AGE	YEARS	MONTHS
	<u>90</u>	<u>5</u>
		DAYS
		<u>8</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>etc</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>etc</u>
	10. Date deceased last worked at this occupation (month and year)	<u>etc</u>
	11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1930, to Jan 19, 1935  
I last saw h. s. a. alive on Jan 17, 1930 Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Thrombosis of Coronary Artery Date of onset \_\_\_\_\_  
Heart Failure

Other contributory causes of importance: 97 a

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

MOTHER FATHER

13. NAME Henry Williard

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

15. MAIDEN NAME Anna Greger

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

17. INFORMANT Thos A. Troutman  
(ADDRESS) Centenary etc

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Jan. 20 1935

19. UNDERTAKER Knells Mortuary  
(ADDRESS) Centenary etc

20. FILED Jan 20, 1935 S. O. Colston  
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 \_\_\_\_\_  
(Signed) J. C. Baker, M. D.  
(Address) \_\_\_\_\_

