

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

APR 19 1935

Do not use this space.

9652

1. PLACE OF DEATH

County Laclede
Township Eldridge
City Lebanon (No.)

Registration District No. 45-1
Primary Registration District No. 5616

File No.
Registered No.
St. Ward)

2. FULL NAME

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

Length of residence in city or town where death occurred 30 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

MEDICAL CERTIFICATE OF DEATH

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

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

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

7. AGE YEARS 59 MONTHS DAYS If LESS than 1 day, ... hrs. or min.

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) Eldridge, Mo. (STATE OR COUNTRY)

13. NAME John Knight

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

15. MAIDEN NAME Mary Jane Haugh

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Elal McConnaughy (ADDRESS) Eldridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Haugh Cemetery DATE March 25, 1935

19. UNDERTAKER none (ADDRESS)

20. FILED April 9, 1935 Nora Cole Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to March 24, 1935

I last saw her alive on March 20, 1935. 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:

Cerebral thrombosis

Date of onset March 18, 1935

Other contributory causes of importance:

Surferia

March 20, 1935

Name of operation none of Physical Exam. What test confirmed diagnosis? Physical Exam 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 none Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) O. J. Simpson, M. D. (Address) Lebanon, Mo.

MAY 3 1 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.
 ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.
 File No.
 Registered No.
 St. Ward)

1. PLACE OF DEATH

County LacledeRegistration District No. 451

Township

Primary Registration District No. 5616

City

(No.)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)M5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

May 16, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.34108

OCCUPATION

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 (years)
spent in this
occupation12. 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 April 9, 1935Nora Cole

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h..... 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:

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)....., M. D.

(Address).....

MAY 23 1935

MAY 31 1935

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RECEIVED