

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

Do not use this space.

APR 24 1935

10178

1. PLACE OF DEATH

County Pike
Township Louisiana
City Buffalo (No. 2033)

Registration District No. 689
Primary Registration District No. 2033

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Buffalo 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 <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>(?) (?) (?)</u>		
7. AGE <u>(?)</u>	YEARS <u>(?)</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.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Home</u>
	10. Date deceased last worked at this occupation (month and year)	

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

FATHER

13. NAME Wm Hamilton

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

MOTHER

15. MAIDEN NAME (?)

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

17. INFORMANT Miss Geo Martin (Niece)
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverside DATE 4/2 35

19. UNDERTAKER Geo Hacey
(ADDRESS) Louisiana Mo

20. FILED 4/1 1935 Geo Hacey Jr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-31 1935 to 3-31 1935

I last saw her alive on 3-31 1935. Death is said to have occurred on the date stated above, at 3:00 m.

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

Myocarditis
Died Suddenly

Other contributory causes of importance: None 9/24/35

Name of operation None Date of
What test confirmed diagnosis? General 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 None

(Signed) Geo Hacey Jr, M. D.
(Address) Louisiana Mo

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CERTIFICATE OF DEATH**

Do not use this space.

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pike

Registration District No. 689

Township

Primary Registration District No. 3032

City

(No. Anderson)

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

M

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.

about 65 yrs 7

7

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
occupation

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

FATHER

13. NAME

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

MOTHER

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

411

35

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 31, 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)

N. B.—Every item of information should be carefully supplied. Ages 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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