

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.

APR 26 1935

11620

1. PLACE OF DEATH

County Standard
Township Liberty
City Summit Mo (No. _____)

Registration District No. 836
Primary Registration District No. 6098a

File No. 21
Registered No. 21
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 wife Mal Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 3 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
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) _____ H. Total time (years) spent in this occupation _____

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

FATHER
13. NAME Tom Cooper

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

MOTHER
15. MAIDEN NAME Emma Bennett

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

17. INFORMANT (ADDRESS) Mal Brown Berner, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem DATE 3/17 1935

19. UNDERTAKER (ADDRESS) Laudust Son Campbell Mo

20. FILED 3/18 1935 L. Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-14 _____, 1935, to 3-16 _____, 1935.

I last saw her alive on 3-14 _____, 1935. Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

accident death caused from a fall fracturing skull. 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? accident Date of injury 3-14 _____, 1935.

Where did injury occur? at Home Country (Specify city or town, county, and State)

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

Manner of injury Industry Fall

Nature of injury fracture of skull

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

If so, specify _____

(Signed) Lansing Ryan _____, M. D.

(Address) Berhill Mo

