

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

Do not use this space.

MAY 23 1935

12287

1. PLACE OF DEATH

County Coppton Registration District No. 304
Township Frank Primary Registration District No. 3013
City Cameron (No. _____) St. _____ (Ward)

File No. _____
Registered No. 213

2. FULL NAME

(a) Residence, No. 304 1/2 Prospect 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 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 OC Cape

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3rd 1847

7. AGE YEARS 87 MONTHS 9 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spliner, 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) (STATE OR COUNTRY) Stanton Va

13. NAME Wm Plecker

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

15. MAIDEN NAME Mary Atkins

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

17. INFORMANT (ADDRESS) O Estepin Mo Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE Apr 17 1935
McCre Funerals Home

19. UNDERTAKER (ADDRESS) Cameron Mo

20. FILED 4/16 1935 D. R. Bialy Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to Apr 16 1935

I last saw her alive on Apr 16 1935 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:
Tubercular disease Date of onset _____

Other contributory causes of importance: 97

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____ (Signed) M. D. Williams M. D.
(Address) Cameron Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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