

JUN 1 1935

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

Do not use this space.

Dr 10715  
13785  
File No. \_\_\_\_\_  
Registered No. 6-7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Emisat Registration District No. 60-1  
Township Little Prairie Primary Registration District No. 4888  
City Caruthersville Mo

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1866

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
<u>68</u>	<u>6</u>	<u>18</u>	<u>19</u>	<u>4 1/2</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) March 1935 11. Total time (years) spent in this occupation 4 1/2

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

13. NAME OK

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

15. MAIDEN NAME OK

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

17. INFORMANT Bill Childress  
(ADDRESS) Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wylie Cemetery 4-4-35

19. UNDERTAKER (ADDRESS) W. Smith Caruthersville Mo

20. FILED Apr. 10 1935 Uda Martin  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-2-9 P 1935, to 4-3 8 PM 1935

I last saw her alive on 2-3-8 PM 1935. Death is said to have occurred on the date stated above, at 12 m.

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

spide Bit Date of onset 4-2-35

Other contributory causes of importance: 17

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 4-2 1935

Where did injury occur? in saclet Caruthersville  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. own doors, saclet at home

Manner of injury Spide bite

Nature of injury Spide bite

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) A. B. Board, M. D.

(Address) Box 65 Caruthersville Mo

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

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.

