

JUN 28 1935

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

Do not use this space.

14110

195

1. PLACE OF DEATH
City Flat River Registration District No. 774
Township Sy. Francois Primary Registration District No. 4465
City Flat River (No. _____) St. _____ Ward _____

2. FULL NAME Virginia Mae Sirculm
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30th 1931
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as planer, 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) Flat River Mo

FATHER
13. NAME Fred Sirculm

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

MOTHER
15. MAIDEN NAME Cassie Menter

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

17. INFORMANT Cassie Sirculm
(ADDRESS) Flat River

18. BURIAL OR CREMATION AND REMOVAL Flat River Mo
DATE 4-19 31

19. UNDERTAKER Palduell Bros
(ADDRESS) Flat River Mo

20. FILED 5/18 1935 C. B. Ferras
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1935
22. I HEREBY CERTIFY, That I attended deceased from Mar 30 1935 to Apr 16 1935
I last saw her alive on April 15 1935 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Congenital Heart disease Date of onset _____
1570
Other contributory causes of importance: Pneumonia 8 Mo.
Name of operation none Date of _____
What test confirmed diagnosis? Exam 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) C. H. Appleberry, M. D.
(Address) Flat River 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.

