

JUN 21 1935

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

Do not use this space.

16247

1. PLACE OF DEATH

County Harrison  
Township Union  
City S. J. Woodward (No. \_\_\_\_\_)

Registration District No. 337  
Primary Registration District No. 5472

File No. \_\_\_\_\_  
Registered No. 12  
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E Lambert  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 29, 1856  
7. AGE YEARS 79 MONTHS \_\_\_\_\_ DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stocks & Grain  
10. Date deceased last worked at this occupation (month and year) May, 1935 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jesse no Harrison County

13. NAME Jesse

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

15. MAIDEN NAME Mahuda Robertson

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

17. INFORMANT (ADDRESS) Frank Woodward Ridgeway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Chapel DATE 5/8 35

19. UNDERTAKER (ADDRESS) Rogaw & Son Ridgeway Mo

20. FILED 5/8 19 35 L. J. Dyer Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935, to May 7, 1935

I last saw him alive on May 6, 1935. Death is said to have occurred on the date stated above, at 11.00 a.m.

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

Apoplexy  
apoplexy  
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) J. D. Lee, M. D.  
(Address) 1314th St 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.

RECORD WITH EMPLOYING AGENCY—THIS IS A PERMANENT RECORD

