

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

Do not use this space.

18702

JUL 1 1935

1. PLACE OF DEATH

County Holland Registration District No. 834
 Township Pike Primary Registration District No. 6097
 City Hardinwood Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Hardinwood Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 J. L. Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1868

7. AGE YEARS 67 MONTHS _____ DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) May 1 - 35 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland Co MO.

13. NAME C. W. Crews

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

15. MAIDEN NAME Jane Pieman

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

17. INFORMANT John Gordon (ADDRESS) Hardinwood Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Rock Spring Cem. Mo. DATE May 13 1935

19. UNDERTAKER LeRoy O. Morgan (ADDRESS) Hardinwood Mo.

20. FILED 6-8 1935 Orme Kealey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30 1935 to May 2 1935

I last saw her alive on Apr. 30 1935. Death is said to have occurred on the date stated above, at 3 a. m.

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

Unsuared
Heart
arteries
 Date of onset _____

Other contributory causes of importance: Heart
arteries

Name of operation _____ Date of _____
 What test confirmed diagnosis? inspection 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) L. E. Lewis M. D.
 (Address) Hardinwood, 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.

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THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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