

JUL 19 1935

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

Do not use this space.

19275

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No.

Township

Primary Registration District No. 3014

Registered No. 198

City Jefferson (No. St. Marys Hosp)

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. Eldon Mo

(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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonard Clement

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9 5

8. Trade, profession, or particular kind of work done, as spinner, 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) Missouri

13. NAME John Gray

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

15. MAIDEN NAME Mertie Silber

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

17. INFORMANT Leonard Clement (ADDRESS) Jefferson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek DATE June 22, 1935

19. UNDERTAKER Phillips Lister Home (ADDRESS) Jefferson, Mo.

20. FILED 7/21/1935 Dr. Bedford MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1935

22. I HEREBY CERTIFY That I attended deceased from June 20, 1935, to June 20, 1935

I last saw h. alive on June 20, 1935 Death is said to have occurred on the date stated above at 3:30 p.m.

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

Placental previa
Hemorrhage
Non

Name of operation Date of
What test confirmed diagnosis? Hemorrhage 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? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place. Hospital

Manner of injury newborn
Nature of injury away

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

If so, specify no
(Signed) Dr. Bedford MD, M. D.
(Address) Jefferson, 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 CAREFULLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

