

JUL 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19408

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

Married

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

rent Carter

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

March 24, 1882

7. AGE

53 YEARS

MONTHS

3

DAYS

6

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)

11. Total time (years) spent in this occupation

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

Poland, Mo.

13. NAME

Thomas Clemmons

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

Not known

15. MAIDEN NAME

Cynthia Crider

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

Cassamade Co, Mo

17. INFORMANT (ADDRESS)

James B. Clemmons

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Belleville, Mo. July 2, 1935

19. UNDERTAKER (ADDRESS)

Scher, Poland, Mo.

20. FILED

6-30 1935 Ed Burns, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 27, 1935, to June 30, 1935

I last saw her alive on June 28, 1935. Death is said

to have occurred on the date stated above, at 2:30 a.m.

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

Cystitis of Cerebrum

Date of onset

Oregon

Other contributory causes of importance:

Pharyngitis and

face

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. J. Ferrell, M. D.

(Address)

Belleville, 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.

