

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

Do not use this space.

19580

**1. PLACE OF DEATH**

County Howard  
Township Clinton  
City \_\_\_\_\_ No. \_\_\_\_\_

Registration District No. 379  
Primary Registration District No. 42-23-  
5529

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. 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 Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-7-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 5 26

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) Saline Co Mo

13. NAME George Emerson

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

15. MAIDEN NAME Mary Pringle

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

17. INFORMANT (ADDRESS) Mrs Mary E. Jones  
Franklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Saline City Cemetery June 4-1935

19. UNDERTAKER (ADDRESS) Jones & Sulger  
Franklin Mo

20. FILED 6-4 1935 G. W. Gardner  
Franklin Mo Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3-1935

22. I HEREBY CERTIFY That I attended deceased from May 15, 1935, to June 3, 1935

I last saw her alive on June 2, 1935. Death is said to have occurred on the date stated above, at 3:14 p.m.

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

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance: arteriosclerosis

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? no

If so, specify \_\_\_\_\_

(Signed) M. E. Ketcher, M. D.

(Address) Franklin 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.

