

JUL 22 1935

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

Do not use this space.

19721  
2360

1. PLACE OF DEATH

County Jackson  
Township Flow  
City St. Joe

Registration District No. 0000  
Primary Registration District No. 1316 Campbell

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

2. FULL NAME

Mrs Maude Bell Sollars

(a) Residence, No. 1316 Campbell 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 DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 25 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 49 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. St. Joe  
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 Alfred Carr

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

15. MAIDEN NAME Carrie Rau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joe, Mo

17. INFORMANT Mrs Alongo Sollars  
(ADDRESS) 1316 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill Cem DATE June 10 1935

19. UNDERTAKER A. P. Doehler  
(ADDRESS) 1415 East 15

20. FILED 6/8 1935 M. M. Crane  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 - 1935

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Chronic sclerotic  
chronic infarction of the  
left pulmonary artery

Other contributory causes of importance:

Name of operation Autopsy 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) [Signature], M. D.  
(Address) [Signature]

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.

