

NOV 2 1935

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

Do not use this space.

21805-2

1. PLACE OF DEATH

County Sullivan Registration District No. 798
Township Blackwater Primary Registration District No. 6042
City Delaware, Mo. (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 DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1851
7. AGE YEARS 83 MONTHS 10 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Casper Co. Mo.

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. William Jeffers (ADDRESS) Delaware, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Delaware, Mo. DATE June 24, 1935

19. UNDERTAKER J. S. Burkhardt (ADDRESS) Delaware, Mo.

20. FILED Oct. 19, 1935 C. S. Chiswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to June 22, 1935
I last saw her alive on June 21, 1935; Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 5 days
acute Myocarditis
Other contributory causes of importance: Chr. Nephritis 4 hrs.

Name of operation none Date of _____
What test confirmed diagnosis? Chemical 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? _____ (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) Chas. Marshall M. D.
(Address) Delaware 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.

WHITE EXAMINER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

