

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.

AUG 24 1935

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

Do not use this space.

22416

1. PLACE OF DEATH

County Cedar
Township El Dorado Spgs
City El Dorado Spgs (No. 11)

Registration District No. 163
Primary Registration District No. 4095

File No. 1
Registered No. 41
St. Mo Ward

2. FULL NAME

(a) Residence, No. El Dorado Spgs
(Usual place of abode)

St. Mo Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 1

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) April 24 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston Salem South Carolina

13. NAME Cyber Wecker

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

15. MAIDEN NAME Mary Wecker

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

17. INFORMANT (ADDRESS) Mrs. Nora Yokely El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Valley DATE July 13 1935

19. UNDERTAKER (ADDRESS) Mary's Funeral Home El Dorado Spgs Mo

20. FILED 7-12-1935 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1935
22. I HEREBY CERTIFY, That I attended deceased from April 24 1935 to July 11 1935
I last saw her alive on June 18 1935. Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:
Endocarditis chronic Date of onset

Other contributory causes of importance:
Fracture of Right Femur due to fall on floor in her home

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 4/24 1935

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. W. Dawson M. D.
(Address) El Dorado Spgs

