

AUG 15 1935

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

Do not use this space.

22706

## 1. PLACE OF DEATH

County Greene Registration District No. 316 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4191 Registered No. \_\_\_\_\_  
City Ash Grove Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Ash Grove Mo St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
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 J. M. Doss  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/19/1851  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 4 19

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Honshaker  
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) Somerset Ky13. NAME H. B. Barber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Elizabeth Greer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Dolores Smith  
(ADDRESS) Ash Grove, Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ash Grove Mo DATE July 10 - 193519. UNDERTAKER Trogdon - Morkis Steinson  
(ADDRESS) Ash Grove Mo20. FILED July 9, 1935 Mrs. Leonard Jones  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 - 1935 to July 8, 1935  
I last saw her alive on July 18, 1935 Death is said to have occurred on the date stated above, at 8:40 P.M.

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

Cerebral EmbolismDate of onset  
7/8/35

Other contributory causes of importance:

Senility  
Chronic Endocarditis

1920

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Culture Was there an autopsy? no23. 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) Dr. Charles N. Doss, M. D.  
(Address) Ash Grove, 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.

WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

