

JUL 24 1935

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

Do not use this space.

23820

1. PLACE OF DEATH

County Monteau
Township Monteau
City Clarksville (No.)

Registration District No. 10 95
Primary Registration District No. 4336

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 24

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.
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) Monteau Co, Mo

13. NAME M. M. Jarrell

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

15. MAIDEN NAME China Staudifer

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

17. INFORMANT Alex Jarrell

18. BURIAL, CREMATION, OR REMOVAL PLACE Mary's Cem DATE 7/9 1935

19. UNDERTAKER (ADDRESS) W. H. Jones & Fred Meyer

20. FILED July 9 1935 J. C. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1935

I HEREBY CERTIFY That I attended deceased from June 10 1935 to July 7 1935
I last saw her alive on July 6 1935 Death is said to have occurred on the date stated above, at 4 P. M.

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

Cardio-Vascular and renal disease Date of onset 1932

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) Edgar A. Klobe, M. D.
(Address) California 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.

