

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

Do not use this space.

28377

'SEP 26 1935

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall Mo.

Registration District No. 746
Primary Registration District No. 3038

File No. _____
Registered No. 135
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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) Mo

13. NAME John Smealing

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

15. MAIDEN NAME Maggie Bird

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

17. INFORMANT Fannie Johnson
(ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview DATE Aug 29 1935

19. UNDERTAKER Ferguson Williams
(ADDRESS) Marshall Mo

20. FILED Aug 29 1935 Helen Keston
Deputy Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1935 to Aug 26 1935
I last saw h. h alive on Aug 26 1935 Death is said to have occurred on the date stated above, 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset Aug 26 1935

Other contributory causes of importance: Hypertension

Name of operation None Date of _____
What test confirmed diagnosis Physician's Exam. 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 _____ 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? No

If so, specify _____

(Signed) W. H. Madison, M. D.

(Address) Marshall Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

