

OCT 17 1935

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

Do not use this space.

28605

1. PLACE OF DEATH

County CudraimRegistration District No. 26

Township

Primary Registration District No. 3002City Mexico Mo (No. Cudraim Hospital)

St.

Ward)

2. FULL NAME

(a) Residence, No. Thompson mo R. 7 D.

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 OF RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Silva Riggs

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

April 11 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75326

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

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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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)

Callaway Co., Mo.

13. NAME

Asac Chapman

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

Boone Co Mo

15. MAIDEN NAME

Margaret Gay

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

Drope Co Mo

17. INFORMANT (ADDRESS)

Jallie Newman Thompson mo

18. BURIAL, CREMATION, OR REMOVAL

Secretary Book

DATE

9/8 1935

19. UNDERTAKER (ADDRESS)

W. M. McNeill Centralia Mo

20. FILED

Sept 7 - 1935 - Blanche Neely

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 7 193522. I HEREBY CERTIFY, That I attended deceased from Aug 29 1935 to Sept 7 1935I last saw her alive on Sept 7 1935. Death is saidto have occurred on the date stated above, at 10:00 AM.

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

Chronic MyocarditisGeneral ArteriosclerosisChronic Alcoholic Purulentcapitis

Other contributory causes of importance

Chronic Alcoholic PurulentcapitisName of operation none Date of ✓What test confirmed diagnosis Rx Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ✓, 19Where did injury occur? none (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? noIf so, specify McCrashar (Signed) Mexico Mo, M. D.

(Address)

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.

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