

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.

DEC 17 1935

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

Do not use this space.

28897-1

1. PLACE OF DEATH

County Camden

Township Osage

City Linn Creek, Mo.

Registration District No. 117

Primary Registration District No. 5767

File No. 22

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

St. _____

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 OR RACE

white

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

?

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

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

7. AGE

probably 32

YEARS

MONTHS

DAYS

IF LESS than 1

day, _____

hrs. _____

min. _____

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)

Total time (years) spent in this occupation

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

MOTHER

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS)

20. FILED

MEDICAL CERTIFICATE OF DEATH

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

Sep 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Sep 5, 1935, to VIEN & d, 1935

Last seen alive at _____, 1935. Death is said

to have occurred on the date stated above, at _____ m.

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

Some time between 1:45 PM Date of onset

Sep 3 - 1935 and 9:30 am Sep 4 1935

Found floating in Lake Ozark

1/2 mi. below Linn Creek, Mo.

Other contributory causes of importance:

Came to death by drowning

in Lake Ozark.

Sep 5 - 1935 Coroners Jury

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to natural causes (infectious), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Found floating in

Lake Ozark, Linn Creek, Mo.

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Abbie Bankson Woolery

(Address) Camden Co., Camdenton

Registrar

