

OCT 18 1935

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

Do not use this space.

28963

1. PLACE OF DEATH

County Carroll.Registration District No. 139Township HillPrimary Registration District No. 5200

City..... (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 <u>Female.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8 - 1855</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
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. <u>House Keeper</u>			
	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) <u>Dwight mo.</u>				
FATHER	13. NAME <u>J. L. Harvey</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennesse</u>			
MOTHER	15. MAIDEN NAME <u>Dont / know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont / dont</u>			
17. INFORMANT <u>Mrs. V. C. Settles</u> (ADDRESS) <u>Bayou REPAIR</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burden Cemety</u> DATE <u>Sept 22 1935</u>				
19. UNDERTAKER <u>E. A. Dickerson</u> (ADDRESS) <u>Bayou mo.</u>				
20. FILED <u>Sept 24 1935 Mrs Sullie Berry</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 193522. I HEREBY CERTIFY, That I attended deceased from 9/18/35 19... to ONE TIME 19...I last saw h. ER. alive on 9/18/35 19... 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

Valvular Insufficiency

Date of case

Other contributory causes of importance

Name of operation..... Date of.....

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

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) John A. Roberson M. D.(Address) Wina 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.

MISSOURI STATE BOARD OF HEALTH WITH UNFADING INK—THIS IS A PERMANENT RECORD

