

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

Do not use this space.

FEB 18 1936

**1. PLACE OF DEATH**

County Christian  
Township Linden  
City Raynolds, R.F.D.

Registration District No. 185-  
Primary Registration District No. 4-2-59

File No. 29010-2  
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam. Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	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) <u>Virginia</u>		
MOTHER	13. NAME <u>James Bloomer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Eva Ferry</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT (ADDRESS) <u>Sam Gray, Raynolds, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rollin Cemetery</u> DATE <u>Sept 8 1935</u>		
19. UNDERTAKER (ADDRESS) <u>B. C. Klepper, Ozark, Mo.</u>		
20. FILED <u>2-4</u> 19 <u>36</u> <u>Josephine Merritt</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935, to Sept 6th, 1935. I last saw her alive on Sept 5th, 1935. Death is said to have occurred on the date stated above, at 8 A.M.. The principal cause of death and related causes of importance were as follows:  
Pneumo-pneumonia  
10  
Other contributory causes of importance:  
asthma

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Ph of 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? No  
If so, specify \_\_\_\_\_  
(Signed) W. W. Wise M. D.  
(Address) Raynolds, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

