

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

Do not use this space.

NOV 21 1935

29769

1. PLACE OF DEATH

County Jackson Registration District No. 232
 Township Hawthorn Primary Registration District No. 1
 City Lamar City No. Memorial Hospital

File No. _____
 Registered No. _____
 St. 25711 Ward 2

2. FULL NAME

(a) Residence, No. 214 East 9th 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 He 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-21 1879
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 9 7

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

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 13. NAME Thos. Mitchell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
 15. MAIDEN NAME Labella Russell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs C. S. Hartner
 (ADDRESS) 919 Broadway
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Sam DATE Oct 2 1935
 19. UNDERTAKER Mrs C. S. Hartner
 (ADDRESS) 919 Broadway
 20. FILED Oct 19 1935 M. M. Leroux
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1935
 22. I HEREBY CERTIFY, That I attended deceased from 9-11-35 19, to 9-28-35 19.
 I last saw him alive on 9-27-35 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:

Report of section not yet obtainable
Edwin B. Balfour - M.D. 9-16-35
 Other contributory causes of importance not yet obtainable
report of section not yet obtainable
James B. Balfour - M.D. 9-16-35
 Name of operation Fibroid
 Name of physician W. H. Martineau 9-12-35
 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) [Signature] M. D.
 (Address) [Address] 9-28-35

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.

Hi-8800

G. Claude Hunt

Professional bldg.

Hi 0843

Call 4:00

1:30