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.

NOV 18 1935

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

Do not use this space.

31732

1. PLACE OF DEATH

County: Adair — Registration District No.: 4 — File No.:

Township: Salt River — Primary Registration District No.: 5001 — Registered No.: 199

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Margaret R. Platz

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. T. Platz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 6" 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	1	17	

OCCUPATION

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

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): Toronto, Canada.

FATHER

13. NAME: Geo Robertson

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

MOTHER

15. MAIDEN NAME: Charlotte Matheson

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

17. INFORMANT (ADDRESS): Mrs Elmer Henry, Brashear, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Brashear. DATE: 10/24 1935

19. UNDERTAKER (ADDRESS): F. R. Easley, Brashear, Mo.

20. FILED: Nov. 4, 1935 Spencer Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 23" 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Oct, 1935

I last saw her alive on Oct 22, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Fractured left femur	Oct 17th
Diabetes Melitus	yrs.

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? Accident Date of injury: Oct 17, 1935

Where did injury occur? Salt River Township Adair Co. (Specify city or town, county, and State)

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

Manner of injury: Fall

Nature of injury: Fracture left femur

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

If so, specify .....

(Signed) H. M. Hiemefsberg, M. D.

(Address) Brashear, Mo.

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