

DEC 11 1935

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

Do not use this space.

36958

1. PLACE OF DEATH

County Phelps Registration District No. 677
Township Rolla Primary Registration District No. 440.3
City Rolla St. _____ Ward _____

File No. _____

Registered No. 1172. FULL NAME Mrs Ida Page

(a) Residence, No. Bigpinye, Mo 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S.W. Page
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1893
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 9 18

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) Linnecreek Mo13. NAME Andrew Sawyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Eliza - - OK16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.17. INFORMANT Mrs Clara Williams
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Piney, Mo DATE Nov. 15, 193519. UNDERTAKER Null and Son, Rolla, Mo
(ADDRESS)20. FILED Nov. 15, 1935 Jos. F. Rogers, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 193522. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1935, to Nov. 13, 1935I last saw her alive on Nov. 12, 1935. Death is saidto have occurred on the date stated above, at 7:25 am.

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

Chronic Interstitial nephritis. Date of onset _____

Other contributory causes of importance:

Self-poisoning due to gonorrhea and acute attack of appendicitis.

Name of operation Appendectomy, Date of Nov. 11-35

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) Arthur McFarland, M. D.(Address) Rolla 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.

