

DEC 28 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County North  
Township Union  
City Sheldon (No. \_\_\_\_\_)

Registration District No. 904  
Primary Registration District No. 45-46

File No. 38420  
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 8 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1865  
7. AGE YEARS 70 MONTHS 2 DAYS 22 If LESS than 1 day, hrs. min.

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) Madaway Co. Mo.

13. NAME John Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Mrs. Pete Foster (ADDRESS) Sheldon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunkard Cemetery DATE 10/14 '35

19. UNDERTAKER Long Street (ADDRESS) Sheldon Mo.

20. FILED Nov. 14, 1935 Mrs. O. H. Bond Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-13, 1935

22. I HEREBY CERTIFY That I attended deceased from Sept. 10, 1935, to Nov-12, 1935

I last saw her alive on Nov-12, 1935. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Chronic Angina pectoris - Date of onset 1934

Other contributory causes of importance NO

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Phys. Ex. X-rays 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) J. P. Ross, M. D.

(Address) Sheldon 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.

