

JAN 23 1936

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

Do not use this space.

39462

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township YCAEW Primary Registration District No. 1002  
City Kennett No. 72 C. General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 1598

2. FULL NAME

(a) Residence, No. 2630 E 11<sup>th</sup> St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
86 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Ill

13. NAME Russell Streeter

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

15. MAIDEN NAME Alice Lott

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

17. INFORMANT Deirda Clark  
(ADDRESS) 72 C. Gen Hosp Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Green Lawn DATE 12-4-35

19. UNDERTAKER John B. Lapointe  
(ADDRESS) 536 Campbell

20. FILED Dec 3 1935 M. M. Cron  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 1 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1935, to 12-1, 1935

I last saw her alive on 12-1, 1935 Death is said

to have occurred on the date stated above, at 1:30 PM

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

Bacterial Endocarditis  
Chr nephritis (Glomerular)

Date of onset

Other contributory causes of importance  
Uremia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

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) 72 C. Gen Hosp Kennett 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.

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

23 23 35

