

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

Do not use this space.

39942

JAN 16 1936

1. PLACE OF DEATH

County Jasper
 Township Greton
 City Jasper (No. _____)

Registration District No. H. 10
 Primary Registration District No. 5566

File No. 55
 Registered No. 55
 St. _____ Ward _____

2. FULL NAME

(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 32 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 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) West Virginia

13. NAME A. L. Goode

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

15. MAIDEN NAME Louisa Wood

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

17. INFORMANT V. A. Ross
 (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Cem. DATE Dec 25 1935

19. UNDERTAKER Walter Ross
 (ADDRESS) Jasper Mo

20. FILED Dec 24 1935 Geo Hood
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23 35

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1935, to 12/23 35
 I last saw h. et. alive on 12/23 35 Death is said to have occurred on the date stated above, at 6 p. m.
 The principal cause of death and related causes of importance were as follows:

Valvular disease of heart Date of onset

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? _____ 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) V. A. Hendricks, M. D.
 (Address) Jasper 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.

WHITE—BARNETT WITH UNFADING INK—THIS IS A PERMANENT RECORD

22 20 35

