

MAR 20 1936

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

Do not use this space.

159

## 1. PLACE OF DEATH

County Bollinger  
 Township Boonville Creek  
 City Boonville (No. 1)

Registration District No. 68  
 Primary Registration District No. 515

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Underwood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21 1885</u>		
7. AGE <u>51</u>	YEARS <u>3</u>	MONTHS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>
11. Total time (years) spent in this occupation <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) Madison county  
 (STATE OR COUNTRY)

13. NAME Jessie Rebecca  
 14. BIRTHPLACE (CITY OR TOWN) Doni Brown  
 (STATE OR COUNTRY)

15. MAIDEN NAME Whitener  
 16. BIRTHPLACE (CITY OR TOWN) Madison Co.  
 (STATE OR COUNTRY)

17. INFORMANT W. H. Underwood  
 (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Old Church DATE Jan 3 1936

19. UNDERTAKER A. J. Baker  
 (ADDRESS) Boonville Mo.

20. FILED 3/1 1936 J. J. Chandler  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jan 2, 1936

I last saw her alive on Jan 1, 1936. Death is said to have occurred on the date stated above, at 1 a.m.

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

Bronchial asthma

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 ✓, 1936

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) H. M. O'Reilly, M. D.

(Address) Patton Mo.

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\_\_\_\_\_

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.

