

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.

JAN 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County CassTownship HarlanCity Archie Mo (No. 8)Registration District No. 147Primary Registration District No. 4081File No. 525Registered No. 1St. Mo Ward)

2. FULL NAME

(a) Residence. No. 8 St. Arch 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 OF RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

Dec 15 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

8616

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Arch Gene Mo

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Robert Robert

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Indiana

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Phoebe Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mass.

(STATE OR COUNTRY)

14.

INFORMANT J. O. App.
(Address)

15.

FILED Jan 2 1936Mrs. Dove Adair
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 193617. I HEREBY CERTIFY, That I attended deceased from Dec 29 1935, to Dec 31 1935, and that I last saw her alive on Dec 31 4 30 35, and that death occurred, on the date stated above, at Arch Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paralysis and Bronchial Infection

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 1 1936WAS THERE AN AUTOPSY? YesWHAT TEST CONFIRMED DIAGNOSIS? Chemical Examination(Signed) J. W. H. Fair

M. D.

, 19

(Address) Arch Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Archin CemeteryJan 2 1936

20. UNDERTAKER

ADDRESS Arch MoH. H. Hinson & Co. Eastern Arch Mo

