

FEB 7 1936

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

Do not use this space.

1627

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Hart Primary Registration District No. 192  
City Laura City (No. 3115 East 8th St.)

File No. \_\_\_\_\_  
Registered No. 481  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Rosie Anna Singleton

(a) Residence, No. 3115 East 8th St., \_\_\_\_\_ 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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-30 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 1 29

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

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) Missouri

FATHER 13. NAME Barney Holbert

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

MOTHER 15. MAIDEN NAME Winnie Cassidy

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

17. INFORMANT (ADDRESS) Mr. Winnie Holbert  
1201 Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 1-30-36

19. UNDERTAKER (ADDRESS) Mr. C. T. Porter  
914 Broadway

20. FILED 1-30-36 1936 M. M. Grove  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 15 1936 to Jan. 29 1936  
last saw her alive on Jan. 27 1936 Death is said to have occurred on the date stated above, at 3:35 p.m.

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

Coronary atherosclerosis - acute myocardial infarction with complete cardiac and renal failure.

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) Charles L. Curry  
(Address) Lakeview Hospital

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.

