

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.

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

Do not use this space.

FEB 10 1936

1793

1. PLACE OF DEATH

County Jasper
Township Daphn
City 310 W 9th St

Registration District No. 411
Primary Registration District No. 2002
(No. 310 W 9th St)

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

2. FULL NAME

(a) Residence, No. 310 W 9th 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

MEDICAL CERTIFICATE OF DEATH

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 23 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House duty
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) Madison Mo

MOTHER 13. NAME Lucy Ruby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Ida Mae Ervin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville Ohio

17. INFORMANT Mrs C. O. Williams
(ADDRESS) 310 W 9th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest PK DATE 2/3 36

19. UNDERTAKER (ADDRESS) Thurlock

20. FILED 2-3-36 Ed D James Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-36

22. I HEREBY CERTIFY That I attended deceased from May 4 1935 to January 31, 1936
I last saw her alive on January 30 1936 Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial failure
chronic nephritis
Date of onset _____
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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) J. J. Williams, M. D.
(Address) Jasper Mo.

