

MAR 16 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

4440

## 1. PLACE OF DEATH

County AndrewRegistration District No. 26Township UnionPrimary Registration District No. 3002City Union No. 200File No. 38Registered No. 38St. Mo. Ward 

## 2. FULL NAME

(a) Residence, No. 200 St. Mo. Ward   
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (Write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 18887. AGE YEARS 47 MONTHS 5 DAYS X If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House worker9. 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) Mo. General13. NAME Harriet Trumbo14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Hanning16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Miss Minnie Barry (ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union, Mo. DATE Feb. 23, 193619. UNDERTAKER Chas. H. Barry (ADDRESS) Union, Mo.20. FILED 2-22-36 1936 Blanche Neely Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936 to Feb. 22, 1936I last saw him alive on Feb. 21, 1936 Death is saidto have occurred on the date stated above, at 7:40 a.m.

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

Cerebral Hemorrhage Date of onset Other contributory causes of importance: 87-201Name of operation  Date of What test confirmed diagnosis?  Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury , 1936Where 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? noIf so, specify no(Signed) Chas. H. Barry, M. D.(Address) Union, 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.

