

MAR 19 1936

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

Do not use this space.

5599

1. PLACE OF DEATH

County Henry
Township Liberty
City Calhoun (No. _____)

Registration District No. 344
Primary Registration District No. 5487

File No. _____
Registered No. 3 St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 4 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virgil Oswald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27-1887</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>2</u>
	DAYS <u>18</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>House wife</u>
	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) Cooper County Mo

13. NAME T. H. Solomon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County Mo

15. MAIDEN NAME Gilla Cole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

17. INFORMANT (ADDRESS) V. E. Oswald
Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bunston DATE Feb 16 1936

19. UNDERTAKER (ADDRESS) J. A. Housey
Calhoun Mo

20. FILED 2-18 1936 Mrs. A. B. Gray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1936 to Feb 14 1936
I last saw her alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Meningitis
abscess of ear
Other contributory causes of importance:
abscess of ear

Name 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? _____ 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) V. E. Oswald M. D.
(Address) Calhoun Mo

