

MAR 19 1936

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

Do not use this space.

6354

## 1. PLACE OF DEATH

County JacksonRegistration District No. 404Township UnionPrimary Registration District No. 5558City Hickman Mills, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 192. FULL NAME Mrs. Marie Audsley(a) Residence, No. 2 ml. south of Bannister Road W. 33 on James A. Reed Rd.  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 1 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earl Audsley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 19037. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
32 9 268. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Oklahoma13. NAME J. C. Sumter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Emma Albright16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma17. INFORMANT Mrs. Idelle Sumter  
(ADDRESS) Oklahoma City, Oklahoma

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Dewitt, Mo. DATE Feb. 16 193519. UNDERTAKER Simmons & Sons  
(ADDRESS) W. 10th St. & Olive20. FILED 2/10 1936 A. H. George  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 193622. I HEREBY CERTIFY, That I attended deceased from Dec 30 1935 to Feb 9 1936I last saw her alive on Feb 9 1936 Death is saidto have occurred on the date stated above, at 2 P. m.

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

Endocarditis with myocardial degeneration with circulatory failure Date of onset 12/5/36  
2/9/36

Other contributory causes of importance:

Pregnancy (4 1/2 mo)Influenza Pneumonia 12/6/36Engelmann 12/26/35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no23. If death was due to external cause (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) John M. Powers M. D.(Address) 3322 1/2 E. 27th St.

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.

