

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.

MAY 20 1936

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

Do not use this space.

6408

1. PLACE OF DEATH

County Jasper

Registration District No. 411

Township Spain

Primary Registration District No. 2002

City Spain (No. 728)

St. Pease Ward

2. FULL NAME

(a) Residence, No. 728 St. Pease 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 28 - 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

87

3

11

OCCUPATION

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

Housewife

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)

Defiance Ohio

13. NAME

Bessie Cole

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

Pease

15. MAIDEN NAME

Emmie Coulter

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

Pease

17. INFORMANT (ADDRESS)

Mrs Cory Meeker

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest St DATE 2/10/36

19. UNDERTAKER (ADDRESS)

Funeral Home

20. FILED

2-11-36 Ed D James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-36

22. I HEREBY CERTIFY, That I attended deceased from

2-2-36, 1936, to 2-9, 1936.

I last saw her dead 1-9, 1936. Death is said

to have occurred on the date stated above, at 2:45 p.m.

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

Ch. Myocarditis

Date of onset

1930

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 _____, 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? _____

If so, specify _____

(Signed) Dr. J. H. Jones, M. D.

(Address) Pease

