

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

Do not use this space.

7109

1. PLACE OF DEATH

County Plumas
Township Pascala
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1102
Primary Registration District No. 51 10

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virg Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-17-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 25

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

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) La

13. NAME Wash Shively

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

15. MAIDEN NAME Hester Robinson

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

17. INFORMANT (ADDRESS) George Washington Pascala, mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St John cemetery DATE 2-13 1936

19. UNDERTAKER (ADDRESS) Mrs J. J. Smith

20. FILED 3-9 1936 Mrs T. R. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-12 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1936, to Feb 12 1936
I last saw h.p. alive on Feb 10 1936. Death is said to have occurred on the date stated above, at 6P m.

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

Johns Pneumonia Date of onset _____
Other contributory causes of importance: 108

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? no Date of injury _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. E. Roberts, M. D.
(Address) Raytherville Ark

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

