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.

MAR 25 1936

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

Do not use this space.

7387

1. PLACE OF DEATH
County St Clair
Township Monroe
City Appleton City (No. ..... St. ..... Ward)
Registration District No. 761
Primary Registration District No. 6014
File No. .....
Registered No. .....

2. FULL NAME Henrietta E. Ditty
(a) Residence, No. Appleton City St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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 John B. Ditty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1853
7. AGE YEARS 82 MONTHS 3 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co Mo

FATHER
13. NAME Andrew Yance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Ester Carlethird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) James Ditty Appleton City
18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Grove DATE 2-7 1936
19. UNDERTAKER (ADDRESS) Wilkinson Funeral Home Clinton Mo
20. FILED Mar 9 1936 R. R. Kenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7- 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-3- 1936, to 2-7- 1936
I last saw him alive on 2-6- 1936 Death is said to have occurred on the date stated above, at 5 00 a m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
42 a 1

Other contributory causes of importance:
Senility

Date of onset

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 ....., 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) W H Ellett, M. D.
(Address) Appleton City, Mo.