

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

Do not use this space.

APR 16 1936

9692

1. PLACE OF DEATH

County Cass Registration District No. 160
Township West Dolan Primary Registration District No. 5-225
City Darlington, Marie No. Endecott St. _____ Ward _____

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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 24, 1935</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Miami Co Kan</u>		
FATHER	13. NAME <u>Ora Endecott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miami Co Kan</u>	
MOTHER	15. MAIDEN NAME <u>Bessie Esther Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cass Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Ora Endecott West Dolan Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Lancaster</u> DATE <u>3-24-36</u>		
19. UNDERTAKER (ADDRESS) <u>Geo E Myers</u>		
20. FILED <u>Mar 24 1936 Mary Meador Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1936, to Mar 23, 1936
I last saw her alive on Mar 23, 1936. Death is said to have occurred on the date stated above, at 11:10 A.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset _____

Other contributory causes of importance:
Abnormal dentition

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? _____
If so, specify _____
(Signed) Ernest J. Sibley 28
(Address) Hopkintonville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

