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.

APR 23 1936

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

Do not use this space.

11925

File No.

Registered No. 37

1. PLACE OF DEATH

County Phelps — Registration District No. 677

Township — Primary Registration District No. 4403

City Rolla (No. Rolla Hospital St. Ward)

2. FULL NAME Mrs Willie Pearl McDaniel

(a) Residence, No. Rolla 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Charles McDaniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29. 1898

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
37	4	28	

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) Plainview Tex.

FATHER

13. NAME W. E. Stewart

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

MOTHER

15. MAIDEN NAME Mrs Annie Stewart

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

17. INFORMANT Chas. McDaniel (ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo DATE 3/29 1936

19. UNDERTAKER Harry R. McCaw (ADDRESS) Rolla Mo

20. FILED March 28 1936 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to March 27, 1936

I last saw her alive on March 27, 1936. Death is said to have occurred on the date stated above, at 12:30 pm.

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

	Date of onset
Scarlet fever	

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, 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) Sidney McFarland, M. D.

(Address) Rolla Mo