

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

Do not use this space.

13856-4

1. PLACE OF DEATH: Wayne Mill Spring Mo. 27 1936

County Wayne
Township Mill Spring
City (No.)

Registration District No. 895
Primary Registration District No. 6197

File No.
Registered No. 3
St. Ward

2. FULL NAME Roxana Church

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X Church

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to March 10, 1936
I last saw him alive on March 10, 1936 Death is said to have occurred on the date stated above, at 6 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22, 1859

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 7

Arteriosclerosis Date of onset

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

Other contributory cause of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation None Date of

13. NAME Isaac Mann,

What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME Gosset,

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.

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

17. INFORMANT Emma Kinnard (ADDRESS)

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Clay Cemetery DATE March 30, 1936

19. UNDERTAKER Yates Used by P. Redmond, mo (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. M. Touey, M. D.
(Address)

20. FILED 6-11 1936 Ing Owens Registrar.

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

