

APR 27 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County WorthRegistration District No. 904Township UnionPrimary Registration District No. 6215

City (No. )

St. Ward)

## 2. FULL NAME

(a) Residence, No. Elgie Jane Hennegan St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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)

FemaleWhiteWidowed

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 4 - 1842

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

9344

## 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.

Housewife

## 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)

New Brunswick England

## 13. NAME

Henry Jones

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

England

## 15. MAIDEN NAME

Montgomery

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

England

## 17. INFORMANT (ADDRESS)

Mrs. Charles Scott Sheridan mo.

## 18. BURIAL, CREMATION OR REMOVAL

PLACE Bethel CemeteryDATE March 10 1936

## 19. UNDERTAKER (ADDRESS)

Long & Boyd Sheridan mo.20. FILED April-8-1936 Mrs. O. H. Bond Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 193622. I HEREBY CERTIFY, That I attended deceased from March 5 1936, to March 8 1936I last saw her alive on March 5 1936. Death is said to have occurred on the date stated above, at 11 a.m.

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

Mitral Insufficiency Date of onset

## Other contributory causes of importance

## Name of operation

## Date of

What test confirmed diagnosis? Inspection 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)

(Address)

M. D.

Dr. Long  Sheridan mo

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.

