

APR 20 1936

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

Do not use this space.

14505

1. PLACE OF DEATH

 County Christian Registration District No. 182
 Township _____ Primary Registration District No. 5262
 City Clervo (No. 41) St. _____ Ward _____

File No. _____

Registered No. _____

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 (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28 - 1862</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>10</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework.</u>	
	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>Missouri</u>		
MOTHER	13. NAME <u>Leo Abbott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Louise Felton</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Paul Hyde Springfield, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sparta Mo</u> DATE <u>4 12 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Sparta and Co. Sparta Mo</u>		
20. FILED <u>Jul 19 1936</u> <u>F. J. Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 11th 193622. I HEREBY CERTIFY, That I attended deceased from April 7 1936, to April 11 1936, 1936.I last saw her alive on April 11 1936. Death is saidto have occurred on the date stated above, at 2 P.M.

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

Date of onset

Intestinal flux April 710

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) F. J. Williams, M. D.(Address) Clervo 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.

MARGIN RESERVED FOR BINDING

MAD 6 1947