

MAY 21 1936

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

Do not use this space.

14956

1. PLACE OF DEATH

County Henry
Township Deerpark
City Deerpark (No.)

Registration District No. 351
Primary Registration District No. 4208

File No.
Registered No.
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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fredrick Luther
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 2 8

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 life

12. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY) Whately County

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Clarence Luther
(ADDRESS) Deerpark, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrisonville DATE 4-6-36

19. UNDERTAKER Fred Wilkinson
(ADDRESS) Clinton, Mo.

20. FILED 4-4, 19 36 J. J. J. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1936, to 4-4, 1936

I last saw her alive on 4-1, 1936 Death is said

to have occurred on the date stated above, at 7:25 p.m.

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

Pneumonia
Other contributory causes of importance: Senility
Date of onset

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) J. J. J. J., M. D.

(Address) Deerpark, Mo.

