

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.

MAY 21 1936

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

Do not use this space.

14970

1. PLACE OF DEATH

County WheathlandRegistration District No. 365File No. 7Township WheathlandPrimary Registration District No. 5511Registered No. 7City Wheathland (No.)St. Ward

2. FULL NAME

(a) Residence, No. Wheathland St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph U.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19 - 1902</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	If LESS than 1 day, <u>33</u> hrs. or <u> </u> min.

OCCUPATION	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.	<u>housewife</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wheathland
(STATE OR COUNTRY) Mo13. NAME A W. Graham14. BIRTHPLACE (CITY OR TOWN) W. Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Chas. Ewing16. BIRTHPLACE (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)17. INFORMANT J. P. Deming
(ADDRESS) Wheathland Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Wardman DATE April 28, 193619. UNDERTAKER J. P. Deming
(ADDRESS) Wheathland Mo.20. FILED Apr 27, 1936 Mrs. A. S. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 193622. I HEREBY CERTIFY, That I attended deceased from Apr - 18 - 1936, to Apr - 26 - 1936I last saw her alive on Apr - 24 - 1936. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Bronchial Pneumonia Date of onset 4-18-36

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Physical Exam 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? NoIf so, specify (Signed) A. S. Johnston M. D.(Address) Wheathland Mo

