

MAY 21 1936

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

Do not use this space.

15727

1. PLACE OF DEATH

 County Jefferson
 Township Crystal City Mo
 City Crystal City Mo (No.)

 Registration District No. 421
 Primary Registration District No. 3575A

 File No.
 Registered No. 54 Ward

2. FULL NAME

 (a) Residence, No. 1448 Jefferson Ward.

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

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED
 (OR) WIFE OF James Carain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1874
 7. AGE YEARS 61 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 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) Washington County Mo13. NAME Joe Coleman14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Washington County Mo15. MAIDEN NAME A Atwood16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Washington County Mo17. INFORMANT (ADDRESS) James Carain Crystal City Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Mo DATE April 22, 193619. UNDERTAKER (ADDRESS) Chapman & Thompson Forest Mo20. FILED 4/21 1936 J. E. Partridge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1936
 22. I HEREBY CERTIFY, that I attended deceased from Feb 4, 1933, to April 19, 1936.

 I last saw her alive on April 19, 1936. Death is said to have occurred on the date stated above, at 11:50 am. The principal cause of death and related causes of importance were as follows:

Hypotube Pneumonia (Date of onset April 15, 1936)
(Sepsis)

 Other contributory causes of importance:
Arterio-sclerosis - Senescent + Hemiplegia

 Name of operation Date of
 What test confirmed diagnosis? Clinical 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?
 If so, specify

 (Signed) J. E. Partridge M. D.
 (Address) Crystal City Mo

WRITE PLAINLY, WITH UNFADING INK IN THIS SPACE

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.

