

MAY 22 1936

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

Do not use this space.

16062

1. PLACE OF DEATH

County ThiessingRegistration District No. 566Township ThiessingPrimary Registration District No. 5762City Thiessing (No.) St. Ward)

File No.

Registered No. 59

2. FULL NAME

(a) Residence, No. Catherine Marie Major 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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 19287. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

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) East Prairie Mo.13. NAME Herbert Major14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis15. MAIDEN NAME Leara Parker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murray Mo.17. INFORMANT (ADDRESS) Herbert Major, Rt. 1, Chatham, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wagoner Cemetery DATE April 21 3619. UNDERTAKER (ADDRESS) Frank (Big) Lumber Service, Washington, Mo.20. FILED 4-21-36 F. D. Verison

Registrar.

MEDICAL CERTIFICATE OF DEATH 10:30 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 193622. I HEREBY CERTIFY, That I attended deceased from April 14 36 to April 19 36I last saw her alive on April 19 36 Death is said to have occurred on the date stated above, at 10:30 m.

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

Pertussis

Date of onset

Other contributory causes of importance

Bronchial Pneumonia
Leptospira

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 George W. Whitaker, M. D.(Signed) George W. Whitaker, M. D.(Address) East Prairie 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.

WRITE PLAINLY, WITH CONFIDENCE

