

MAY 22 1936

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

Do not use this space.

16118

1. PLACE OF DEATH

County Montgomery Registration District No. 589
Township Bear Creek Primary Registration District No. 5787
City (No.) St. Ward

File No.

Registered No. 12

2. FULL NAME

Margaret J. South
(a) Residence, No. St. Ward. (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>F</u>	4. COLOR OR RACE <u>W</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>James Robert South</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3 1874</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>4</u>	DAYS <u>26</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>Housewife</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)
Montgomery Co Mo.13. NAME
Wm B. Semingers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kennett Mo.15. MAIDEN NAME
Margaret J. Bryant16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bear Creek Mo.17. INFORMANT
(ADDRESS)
Simon A. South
High Hill Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Bear, Ozark DATE May 15 193619. UNDERTAKER
(ADDRESS)
C. M. Mumford
Junction Mo.20. FILED April 30 1936 E. A. Ball
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 193622. I HEREBY CERTIFY, That I attended deceased from Ch. desuff. tone to April 28 1936I last saw him alive on April 28 1936. Death is saidto have occurred on the date stated above, at 4:30 a.m.

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

Insufficiency of ageNo diseaseOther contributory causes of importance: 162

Name of operation

Date of

What test confirmed diagnosis? Physic 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) E. A. Ball, M. D.(Address) Junction 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.

