

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.

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

Do not use this space.

MAY 27 1936

1. PLACE OF DEATH

County Saline
Township Slater
City Slater (No.)

Registration District No. 799
Primary Registration District No. 1104

File No. 18142
Registered No. 19
St. Ward

2. FULL NAME

Sophia Huston
(a) Residence, No. St. Ward
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>Colored</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> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1892</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>9</u>
	DAYS <u>4</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) <u>Paris, France</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
	15. MAIDEN NAME <u>Don't know</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT <u>Paul Lawless</u> (ADDRESS) <u>Slater, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Slater, Mo. Cemetery</u> DATE <u>April 25 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Miss St. Peter</u>		
20. FILED <u>April 24 1936</u> <u>W. M. Little</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 21 1936, to April 22 1936. I last saw her alive on April 22 1936. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 4-21-36
Chronic myocarditis ?
Myocardial degeneration 4-21-36

Other contributory causes of importance:
Cerebral edema | 7 | 4-21-36
Chronic bronchitis | 2 | ?

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No. 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. Home

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) C. A. McBurney, M. D.
(Address) Slater, Mo.

