

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.

19069

1. PLACE OF DEATH

County Franklin
Township Prairie
City Lonedell, Mo. (No., St. Ward)

Registration District No. 294
Primary Registration District No. 5418

File No.
Registered No.

2. FULL NAME Kansas George

(a) Residence, No. 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. 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Steve George</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 8, 1865</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		
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>Washington County, Mo</u>		
13. NAME <u>Isiac Asplin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Nancy Lewis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>I. E. Goerge</u> (ADDRESS) <u>Lonedell, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prospect Cem.</u> DATE <u>May 12, 1936</u>		
19. UNDERTAKER <u>Wm. Casey & Co</u> (ADDRESS) <u>St. Clair, Mo.</u>		
20. FILED <u>May 29, 1936</u> <u>W. E. Duckworth</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/26 to 5/11.
I last saw her alive on May 11, 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:
Chronic Interstitial Nephritis
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Branch Pulmonary

Other contributory causes of importance:

Name of operation none 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?

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? no
If so, specify W. E. Mitchell
(Signed) St. Clair, Mo. M. D.
(Address)

