

JUN 23 1936

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

Do not use this space.

19710

1. PLACE OF DEATH

County Jackson Registration District No. 402  
Township Dun a Bar Primary Registration District No. 4297  
City Oak Grove (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75- 10 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homekeeper

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) Jackson Co Mo

13. NAME W. D. Fletcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Hettie Hickman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mr. Hutchings  
(ADDRESS) Oak Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluffs Springs Mo DATE 5-15 1936

19. UNDERTAKER J. O. Webb  
(ADDRESS) Oak Grove Mo

20. FILED May 15 1936 W. A. H. Hauer  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 1930 to May 13 1936

I last saw her alive on May 13 1936 Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Deformation of stomach probably from carcinoma of stomach  
Chronic nephritis  
Hypertension

Date of onset March 1936  
1930  
1932

Other contributory causes of importance: Chronic nephritis with hypertension

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? no Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify no

(Signed) J. O. Webb M. D.  
(Address) Oak Grove Mo

O. Liston, M.D.

MARGIN RESERVED FOR BILINGUAL USE

P. S. NO. 2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

