

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.

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City.....

(No.)

City Hospital No. 2

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

8 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <i>John</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 25, 1889</i>		
7. AGE <i>46</i>	YEARS <i>4</i>	MONTHS <i>17</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years, months, and days) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>		
13. NAME <i>Sippie James</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>		
15. MAIDEN NAME <i>Agnies Jones</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>		
17. INFORMANT (ADDRESS) <i>W. J. Bredeck</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Webbsville, Ark.</i>		
19. UNDERTAKER (ADDRESS) <i>Chas. Universal Home</i>		
20. FILE <i>MAY 15 1936</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>May 12, 1936</i>	22. I HEREBY CERTIFY, That I attended deceased from <i>4 - 21 - 1936, to 5 - 12 - 1936</i>
I last saw her alive on <i>5 - 12 - 1936</i> Death is said to have occurred on the date stated above, at <i>4:30 A.M.</i>	
The principal cause of death and related causes of importance were as follows: <i>Acute Intestinal Obstruction due to adhesions from Pelvic</i>	
Other contributory causes of importance: <i>Exhaustion, Disinfection caused by probable Gonorrhea</i>	
Name of operation <i>Cholecystectomy</i>	Date of operation <i>May 12, 1936</i>
What test confirmed diagnosis? <i>Cholecystectomy</i>	Was there an autopsy? <i>No</i>
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) <i>William H. L. L. M.D.</i> (Address) <i>2945 - Lawton Bld.</i>	

