

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.

OCT 21 1936

21963-1

1. PLACE OF DEATH

County BollingerRegistration District No. 69Township WagonPrimary Registration District No. 618City Zalma, Mo. (No. _____)

St. _____ Ward _____

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. 1mos. 8ds. 8

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

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWill Deavers

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.771010

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housekeeper9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Home10. Date deceased last worked at
this occupation (month and
year) July 1, 193511. Total time (years)
spent in this
occupation 5 yrs.12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Anna, Illinois

13. NAME

Darnell14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Anna, Ill.

15. MAIDEN NAME

?16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Anna, Ill.17. INFORMANT
(ADDRESS)Mrs. George Sherrill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union HillDATE June 28, 193619. UNDERTAKER
(ADDRESS)

20. FILED

Oct 91936 Mrs. J. A. Berry

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 193622. I HEREBY CERTIFY, That I attended deceased from
June 15, 1936 to June 20, 1936I last saw her alive on June 20, 1936 Death is saidto have occurred on the date stated above, at 8:10 P.M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

High blood July 1,
Pressure followed with R.B. 5
2 strokes of Paralysis

Name of operation

Date of

What test confirmed diagnosis?

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

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? yes

If so, specify

Bedfast

(Signed)

Dr. R. H. Smith, D. O.(Address) P. O. Box #62, Zalma, Mo.

