

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

Do not use this space.

JUL 24 1936

22978

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Law Primary Registration District No. 1002 Registered No. 2970
 City Keokuk (No. Research Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Research Hos. St. Ward. Liberty Mo
 (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 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54

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

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) Carroll, Mo

13. NAME G. F. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa, Ala

15. MAIDEN NAME Leemie Trout

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

17. INFORMANT Ronald Wilson (ADDRESS) Liberty, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo DATE 6-17-36

19. UNDERTAKER Harold Taylor (ADDRESS) Liberty, Mo

20. FILED 6/17 1936 M. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-36 1936

22. I HEREBY CERTIFY, That attended deceased from July 17, 1936, to July 17, 1936
 last saw her alive on 6-17-36 Death is said to have occurred on the date stated above, at 9:50 P m.

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

Coronary artery disease
Coronary artery sclerosis
probable of atherosclerosis
of coronary arteries
arteriosclerosis

Other contributory causes of importance: Crystalline Breast

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) C. J. Hunt, Charles H. H. M. D.
 (Address) Kansas City, Mo

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.

