

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

JUL 24 1936

## 1. PLACE OF DEATH

County Monroe Registration District No. 527  
Township Monroe Primary Registration District No. 3079  
City Hammond (No. 517, Bridge)

File No. 23538  
Registered No. 169  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 512 Bridge St. 1st Ward. (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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johanna Spaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9, 1871</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>4</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>Roger McCormack</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Mamie Holson</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nobles Hill</u> DATE <u>June 13, 1936</u>		
19. UNDERTAKER <u>Jas O'Connell</u> (ADDRESS) <u>1014th Street, Hammond, La.</u>		
20. FILED <u>July 12, 1936</u> <u>H. C. G. [unclear]</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1936  
22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1935, to June 11, 1936  
I last saw him alive on June 11, 1936. Death is said to have occurred on the date stated above, at 12:00 p.m.  
The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset

Nov 1935

Other contributory causes of importance:

Coronary Arteriosclerosis, Liver, Secondary Anemia

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Cholesterol 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 \_\_\_\_\_, 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? No  
If so, specify \_\_\_\_\_

(Signed) B. J. Murphy, M. D.  
(Address) 2214 Broadway, Hammond, La.

