

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
 AUG 31 1936
CERTIFICATE OF DEATH

Do not use this space.

31553

1. PLACE OF DEATH

County Lafayette Registration District No. 470
 Township Lafayette Primary Registration District No. 5733
 City St. Vernon (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 90

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Eichey
 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND OR WIFE OF) Jack Carter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-1875
 7. AGE YEARS 60 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postoffice Nurse
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 13. NAME William Nelson

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

15. MAIDEN NAME Mauida Mills

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

17. INFORMANT (ADDRESS) State Sanatorium Records

18. BURIAL, CREMATION, OR REMOVAL PLACE See No DATE Aug 21 1936

19. UNDERTAKER (ADDRESS) Geo Orr

20. FILED Aug 4 1936 P. B. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3-36 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5-35, 19, to 8-3-36, 19. I last saw her alive on 8-3-36, 19. Death is said to have occurred on the date stated above, at 7 p.m.

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

Primary Infection (Date of onset 5/35)

Other contributory causes of importance:

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 _____, 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? Yes

If so, specify Postoffice Nurse

(Signed) Charles Nelson M. D.

(Address) St. Vernon Mo

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.

