

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

Do not use this space.

1. PLACE OF DEATH
 SEP 28 1936

County Newton
 Township Neosho
 City (No.) :

Registration District No. 609
 Primary Registration District No. 5208

File No. 31817
 Registered No. 78
 St. Ward)

2. FULL NAME Jane A Freeman

(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. 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 HUSBAND/OF (OR) WIFE OF Hull Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 33

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. Housewife
 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) Cook County Illinois

FATHER 13. NAME Jas. H. Maycroft

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

MOTHER 15. MAIDEN NAME Mary Sebee

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

17. INFORMANT J. H. Jackson
 (ADDRESS) Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waco, Mo. DATE 8/14/36

19. UNDERTAKER Bighan
 (ADDRESS) Neosho, Mo.

20. FILED 8-14-36 Orville S. Bell, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to March 29, 1936
 I last saw her alive on March 29, 1936. Death is said to have occurred on the date stated above, at 6 a. m.

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

Chronic interstitial nephritis Date of onset
Uremia / 31
 Other contributory causes of importance:
Hypertension
Diabetes

Name of operation None Date of
 What test confirmed diagnosis? Clinical 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) M. C. Burman M. D.
 (Address) Neosho, 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.

