

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

Do not use this space.

33799

1. PLACE OF DEATH

County Caldwell
Township Grant
City Potosi

Registration District No. 99
Primary Registration District No. 3-146

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or (or) wife of) Lindsay Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 9 2

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

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) Ross Co Ohio
(STATE OR COUNTRY)

13. NAME Jessie Pool

14. BIRTHPLACE (CITY OR TOWN) Ross Co Ohio
(STATE OR COUNTRY)

15. MAIDEN NAME Barbara Ann Beatty

16. BIRTHPLACE (CITY OR TOWN) Ross Co Ohio
(STATE OR COUNTRY)

17. INFORMANT Lindsay Stephens
(ADDRESS) Potosi Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graham DATE Sept 11 1936

19. UNDERTAKER Price Funeral Home
(ADDRESS) Marionville

20. FILED Oct 8 1936 W. H. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Sept. 9 1936
Last saw alive on Sept. 9 1936 Death is said

to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
12 yrs. Duration

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1936

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) O. C. Kilbourn M. D.
(Address) Cowgill, Mo

2-6-67

1-6-77 9781

6-6-78 61

12