

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Howell
Township
City West Plains (No. , St. Ward)

Registration District No. 384
Primary Registration District No. 4227

File No. 34296
Registered No. , St. Ward

2. FULL NAME Virginia Jeannette Autry

(a) Residence, No. 218 Arkansas Ave. St. , Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 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>Elijah C. Autry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 30, 1861</u>		
7. AGE <u>74</u>	YEARS <u>10</u>	MONTHS <u>10</u>
DAYS <u>10</u>		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	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) Raleigh
(STATE OR COUNTRY) N. C.

13. NAME Jos. L. Fuller

14. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Adcock

16. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

17. INFORMANT Alberta Green
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn. Cem.
PLACE West Plains, Mo. DATE Sept. 13, 1936

19. UNDERTAKER Hal Thompson
(ADDRESS) West Plains, Missouri

20. FILED 9-13 1936 Vida W. Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1932, to Sept 10, 1936
I last saw her alive on Sept 10, 1936 Death is said to have occurred on the date stated above, at 12 45 p. m.
The principal cause of death and related causes of importance were as follows:

Hypertension
General arteriosclerosis
Beriberi
Fracture of hip - Healed
Date of onset 1934

Name of operation
What test confirmed diagnosis? Exam Date of
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) E. E. Bohrer, M. D.
(Address) West Plains, Mo.

