

OCT 21 1936

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

Do not use this space.

35095

1. PLACE OF DEATH

County Newton

Registration District No. H 11

File No. 35095

Township Wagon Wheel

Primary Registration District No. 2007

Registered No. _____

2. FULL NAME

(a) Residence, No. R.R. 3 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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. _____

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) Spring City Mo

13. NAME Joe Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo

15. MAIDEN NAME Roma M. Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodman Mo

17. INFORMANT (ADDRESS) Joe Thomas

18. BURIAL, CREMATION OR REMOVAL PLACE Forest Park DATE 9-25-36

19. UNDERTAKER (ADDRESS) Wheeler and Co

20. FILED 9-24-36 E. J. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-36

22. I HEREBY CERTIFY that I attended deceased from Sept 29 1936 to Sept 23 1936

I last saw her alive on Sept 23 1936 Death is said to have occurred on the date stated above, at 6:20 p.m.

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

Allocoelitis

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 _____, 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) J. M. Gray, M. D.

(Address) Chillicothe 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.

