

NOV 22 1936

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

Do not use this space.

37129

1. PLACE OF DEATH

County Clinton
Township Lathrop
City (No. _____) _____

Registration District No. 786
Primary Registration District No. 5284A

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lathrop Prop. 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

MEDICAL CERTIFICATE OF DEATH

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 OF (OR) WIFE OF Jas Huckaby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 21

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

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) Clinton Co. Mo.

13. NAME John Haywood

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

15. MAIDEN NAME Susannah Pauley

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

17. INFORMANT (ADDRESS) Jas Huckaby
Turney Mo RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE West Cem. DATE Oct 19 1936

19. UNDERTAKER (ADDRESS) W. Moore
Cameron, Mo.

20. FILED Oct 19 1936 E. B. Drummond
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1936 to Dec 8 1936

I last saw him alive on Dec 8 1936. Death is said to have occurred on the date stated above, at 9 A.M.

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

Date of onset _____

Other contributory causes of importance:
Ruptured gall bladder

Name of operation Remove gall bladder Date of Aug 31 36

What test confirmed diagnosis? Specimen 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)

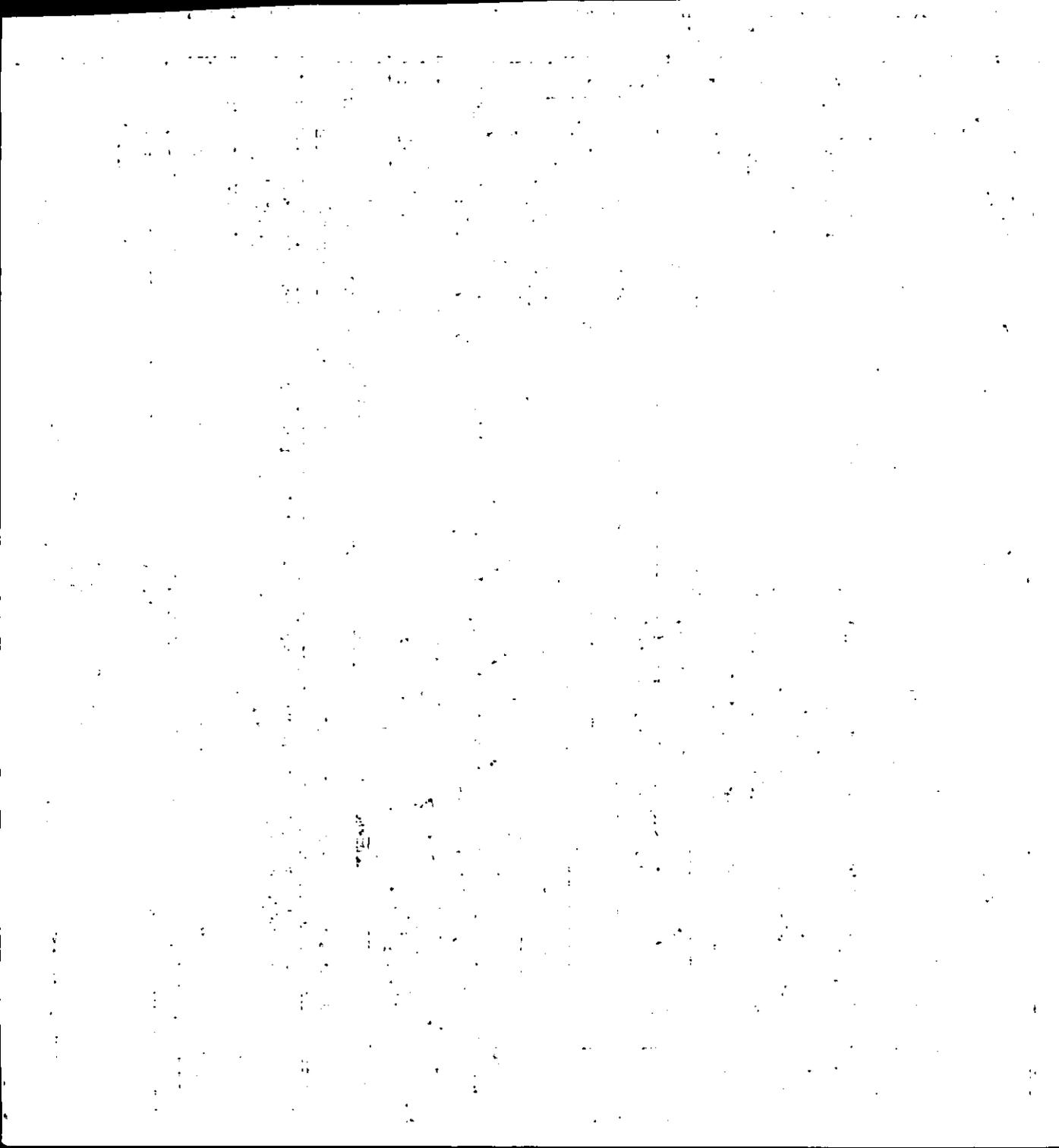
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. Moore, M. D.
(Address) Cameron Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important



S-37129