

DEC 18 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Harrison  
Township Bethany  
City Bethany (No. ....)

Registration District No. 334  
Primary Registration District No. 4197

41028  
File No. ....  
Registered No. 77 St. .... Ward)

## 2. FULL NAME

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

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. (If nonresident, give city or town and State)

## 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 or (OR) WIFE OF <u>W.A. West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-25-1866</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>0</u>
		DAYS
		<u>9</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>House wife</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 .....
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Olema, Ill</u>	
	13. NAME <u>Hiram Huss</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>	
	15. MAIDEN NAME <u>Mary Rice</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	17. INFORMANT <u>W.A. West</u> (ADDRESS) <u>Bethany, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethany Mo</u> DATE <u>1/6</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. H. ...</u>		
20. FILED <u>11-20-1936</u> <u>U. L. ...</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1936 to Nov 4 1936  
I last saw him alive on Nov 4 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:  
Senile thrombosis cerebral hemorrhage  
Date of onset

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) E. F. Harding M. D.  
(Address) Bethany Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

