

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.

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

Do not use this space.

DEC 28 1936

41872

1. PLACE OF DEATH

County Macon
Township Liberty
City _____ (No. _____)

Registration District No. 533
Primary Registration District No. 5715

File No. _____
Registered No. 135
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 white 5. SINGLE, MARRIED, WIDOWED; OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1877
7. AGE YEARS 59 MONTHS 3 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Macon Mo
(STATE OR COUNTRY) Mo

13. NAME Wilbur Morse

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

15. MAIDEN NAME Elizabeth Milam

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

17. INFORMANT Mrs. Ward McWuffee
(ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milam Chapel DATE Nov 13 1936

19. UNDERTAKER Albert Skinner
(ADDRESS) Macon Mo

20. FILED 12/8 1936 Leota Hewitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1936, to Nov 11 1936

I last saw her alive on Nov. 11 1936 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

acute Hematogenous infection

Other contributory causes of importance: acute infectious enteritis

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no

If so, specify _____
(Signed) A. L. Cambre M. D.
(Address) Macon, Mo

