

DEC 3 1936

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

Do not use this space.

41974

## 1. PLACE OF DEATH

County Morgan  
Township W. McCrackan  
City Barnett (No. \_\_\_\_\_)

Registration District No. 297  
Primary Registration District No. 57921

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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) Married  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. C. Stayton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1869  
7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min. 67 2 2

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. Housewife  
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) Oleary Missouri

13. NAME John T. Hillard

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

15. MAIDEN NAME Nancy Atkinson

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

17. INFORMANT A. C. Stayton  
(ADDRESS) Barnett, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Charles DATE Nov. 4 36

19. UNDERTAKER Phillips Funeral Home  
(ADDRESS) Barnett, Mo.

20. FILED Nov 4 1936 H. E. Callison  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1936  
22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1936, to Nov 1, 1936  
I last saw her alive on Nov 1, 1936 Death is said to have occurred on the date stated above, at 3 A. m.

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

Apoplexy

Date of onset

Other contributory causes of importance

Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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?

If so, specify

(Signed) E. O. Shelton, M. D.

(Address) Edson Missouri

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

I X 2794

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.

