

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

Do not use this space.

JAN 18 1937

43708

1. PLACE OF DEATH

County Barry
Township Barry
City Barry (No.)

Registration District No. 30
Primary Registration District No. 5042

File No.
Registered No. 55 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936, to Dec 21, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 1855

I last saw h. alive on Dec 21, 1936 Death is said to have occurred on the date stated above, at 11:00 P. m.

7. AGE YEARS 81 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. or min.

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

Myocardial degeneration with failure Date of onset Dec 1936

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

Other contributory causes of importance: Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) Redmon, Valley, Italy (STATE OR COUNTRY)

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

13. NAME Jim Long

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.

14. BIRTHPLACE (CITY OR TOWN) Redmon, Valley, Italy (STATE OR COUNTRY)

15. MAIDEN NAME Annie Bernadette

16. BIRTHPLACE (CITY OR TOWN) Redmon, Valley, Italy (STATE OR COUNTRY)

17. INFORMANT John Bernadette (ADDRESS) Monett Mo

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE 12/23, 1936

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Callaway (ADDRESS) Monett Mo

If so, specify Ernest Mitchell M. D.
(Signed) Monett Mo
(Address)

20. FILED 12-23 1936 W. M. West Registrar

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

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