

JAN 18 1937

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

Do not use this space.

43735

1. PLACE OF DEATH

County Bates
Township Mt Pleasant
City (No.)

Registration District No. 50
Primary Registration District No. 5074

File No. _____
Registered No. 118
St. _____ Ward _____

2. FULL NAME

Miss Ida Voris

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 27, 1936

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

I HEREBY CERTIFY That I attended deceased from Nov 28th to Dec 27th 1936

I last saw her alive on Dec 27, 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 1868

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 0 20

Cerebral hemorrhage Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Hypertension
Chronic Nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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

FATHER 13. NAME Frank Voris

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Indiana

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME Ruenda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Ind.

17. INFORMANT Miss Anna Mae Benton
(ADDRESS) Bates Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Walc Hill DATE Dec 29, 1936

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

19. UNDERTAKER Culver's
(ADDRESS) Bates Mo

(Signed) A. D. Culver, M. D.
(Address) Bates, Mo

20. FILED Dec 29, 1936 Nina L. Culver
Registrar.

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

