

JAN 9 1937

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

Do not use this space.

44162

1. PLACE OF DEATH

County Clinton
Township Shoal
City (No. _____) _____ St. _____ Ward _____

Registration District No. 204
Primary Registration District No. 3787

File No. _____
Registered No. 49

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. S. Stafford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 5, 1856</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>1</u>
		DAYS
		<u>24</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>at home</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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Knox Co. Ohio

13. NAME
Jacob. Neff

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

15. MAIDEN NAME
Elizabeth Statge

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

17. INFORMANT (ADDRESS)
Mrs N O Lars Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Graceland Cameron Mo Dec 31, 1936

19. UNDERTAKER (ADDRESS)
O. M. Moorey Cameron Mo.

20. FILED 17/3 1936 D. S. Killey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1936 to Dec 29, 1936
I last saw her alive on Dec 12, 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Dec 29 1936
apoplexy

Other contributory causes of importance: _____

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? NO
If so, specify a. O. Gilliland M. D.
(Signed) Cameron Mo (Address)

