

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.

JAN 21 1937

45536

1. PLACE OF DEATH

County Monteau  
Township \_\_\_\_\_  
City Fortuna (No. \_\_\_\_\_)

Registration District No. 573  
Primary Registration District No. 4937

File No. \_\_\_\_\_  
Registered No. 6 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 <u>FM</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Thirston</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 6 - 1875</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>10</u>	DAYS <u>18</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) _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteau Co. Mo</u>		11. Total time (years) spent in this occupation _____		
MOTHER FATHER	13. NAME <u>Abraham Drake</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteau Co Mo</u>			
	15. MAIDEN NAME <u>Lucindia Sausby</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Mrs Ewever Sinclair</u> (ADDRESS) <u>Fortuna, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newark, Ky</u> DATE <u>Dec, 26</u> 19 <u>36</u>				
19. UNDERTAKER <u>W. S. Tidwell</u> (ADDRESS) <u>Wardville, Mo</u>				
20. FILED <u>Dec 25</u> 19 <u>36</u> <u>S. S. Wilson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1936 to Dec. 24 1936

I last saw her alive on Dec. 27 1935 Death is said to have occurred on the date stated above, at 7 P. m.

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

Deceased was killed when she was struck by an automobile when she attempted to walk across a Public highway.

Other contributory causes of importance: \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death is due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury Dec. 24 1936  
Where did injury occur? Fortuna, Monteau Co. Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
on Public highway  
Manner of injury struck by automobile  
Nature of injury Body crushed & mangled

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) A. S. Wilson M. D.  
(Address) Fortuna

