

FEB 16 1937

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

Do not use this space.

649

1. PLACE OF DEATH
County Clinton Registration District No. 206
Township Lathrop Primary Registration District No. 4424
City Lathrop No. Clinton County Home St. _____ Ward _____
2. FULL NAME Nettie Wees
(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 Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-13-1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Mo.
13. NAME J. W. B. Hick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
15. MAIDEN NAME Sarah Hick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
17. INFORMANT Charles Hick
(ADDRESS) Lathrop
18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop DATE Jan-25-37
19. UNDERTAKER Wm. M. Brown
(ADDRESS) Lathrop, Mo.
20. FILED Jan 20 1937 E. B. Driskison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-24-37
22. I HEREBY CERTIFY that I attended deceased from Jan 17, 1937 to Jan 24, 1937.
I last saw him alive on Jan 24, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia lobar Date of onset _____
Other contributory causes of importance _____
108
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) J. J. Lonakel M. D.
(Address) Lathrop, Mo.

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

