

FEB 27 1937

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

Do not use this space.

2027

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township Lawrence Primary Registration District No. 5633
City Lawrence (No. 4) St. _____ Ward _____

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Otterville 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Otterville Mo

MOTHER 13. NAME George H. Bishop

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

15. MAIDEN NAME Mary Sue Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hackberry Ia

17. INFORMANT (ADDRESS) patient

18. BURIAL, CREMATION, OR REMOVAL to PLACE Otterville DATE Jan 22 1937

19. UNDERTAKER (ADDRESS) Joseph Funeral Home Mt. Vernon

20. FILED Jan 25 1937 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-37 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5-36, 19, to 1-21-37, 19.

I last saw him alive on 1-21-37, 19. Death is said

to have occurred on the date stated above, at 5:10 m. p.

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

Pneumonia Tuberculosis Date of onset 9/35/36

Other contributory causes of importance:

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? No

If so, specify _____

(Signed) Charles J. Mellis M. D.

(Address) Mt. Vernon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

