

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

10 County Boone
3 Township
8 City Columbia

Registration District No. 73Primary Registration District No. 3006(No. Boone County Hospital)File No. 4992Registered No. 52

St. _____ Ward)

2. FULL NAME Mrs. Ola Fenton(a) Residence, No. 206 Forest Ave., _____ 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 OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 18667. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 8 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Pike Co., Mo.13. NAME James Trail14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co., Mo.15. MAIDEN NAME Polly Blair16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co., Mo.17. INFORMANT (ADDRESS) Mrs. J. F. Mitchell18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 16, 193719. UNDERTAKER (ADDRESS) R. O. Willott, Columbia, Mo.20. FILED 2/16/37 1937 Alice Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937 to Feb 14, 1937I last saw him alive on Feb 14, 1937 Death is saidto have occurred on the date stated above, at 9 a.m.

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

Acute Pharyngitis of Chest withacute myocardial infarctionChronic tubercular pericarditisOther contributory causes of importance:Chronic tubercular disease

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? NoIf so, specify _____ (Signed) Stephen D. Smith M. D.(Address) Columbia, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 100M-28-37

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.

