

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

27 County Cooper
Township Lansing
City Blackwater, Mo. (No., St. Ward)Registration District No. 217
Primary Registration District No. 3308File No. 5610
Registered No.2. FULL NAME Rebecca Lee Short(a) Residence, No. Blackwater, Mo. 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 OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 18607. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Mo.13. NAME G.A. Cramer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Nancey Herndon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK17. INFORMANT Mrs. Jewel Marcum
(ADDRESS) Blackwater, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE Feb. 19, 193719. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.20. FILED 7-25 1937 W. J. Abney
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1937 1922. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to Feb. 17, 1937I last saw her alive on Feb. 17, 1937 Death is saidto have occurred on the date stated above, at 2 A.M.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance:

Influenza

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) Dr. J. W. Hurst, M. D.(Address) Blackwater, 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.

