

MAR 20 1937

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

Do not use this space.

6758

1. PLACE OF DEATH

County JasperRegistration District No. 408Township CarthagePrimary Registration District No. 3020City Carthage (No.)St. Ward 2. FULL NAME Catherine Hise(a) Residence, No. Route 4 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)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

325

OCCUPATION

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) Carthage
(STATE OR COUNTRY) Missouri

13. NAME

Hester Hise14. BIRTHPLACE (CITY OR TOWN) Davenport
(STATE OR COUNTRY) Iowa

15. MAIDEN NAME

Daisy Kearnes16. BIRTHPLACE (CITY OR TOWN) Lancaster
(STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Daisy Hise
(ADDRESS) Route 4, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DeWitt Beer DATE Feb. 28 193719. UNDERTAKER Knee Mortuary
(ADDRESS) Carthage, Missouri20. FILED Feb 28, 1937S. B. Calton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 26 1937 to Feb 26 1937I last saw her alive on Feb 26 1937. Death is said to have occurred on the date stated above, at U.S.A.

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

Electrical Burns
pneumonia, bronchialDate of onset ?

Other contributory causes of importance:

Extensive burns from
Diathermy (chiropractic)Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No23. 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? yes
If so, specify Toxemia from burned areas(Signed) Charles H. Shapland M.D.
(Address) Central Bldg., Carthage Mo

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

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.

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