

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JasperRegistration District No. 417File No. 6872Township WellsPrimary Registration District No. 3021Registered No. 28City Wells (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1100 Nelson 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

MEDICAL CERTIFICATE OF DEATH

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 Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 18727. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 11 29

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. at 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) Arkansas13. NAME Taylor & Howard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME Casper16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas17. INFORMANT Israel Harmon (ADDRESS) Wells City, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Hope Cem DATE 2/26 193719. UNDERTAKER WEBB CITY UNDERTAKING CO. (ADDRESS) Wells City, Mo20. FILED 2-26 1937 W. H. Hatcher M.D. Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 193722. I HEREBY CERTIFY, That I attended deceased from Jan 31-37, 1937, to Feb 24, 1937(last saw her alive on Feb 24, 1937 Death is said to have occurred on the date stated above, at 4:50 p.m.

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

Chronic nephritis

Date of onset

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 _____, 1937

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) W. H. Hatcher M.D.(Address) Wells City, Mo205 W Broadway

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

