

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.

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Macon
City Blanchard (No. 1632 S. Fulton ave.)

Registration District No. 547
Primary Registration District No. 3029

File No. 7214
Registered No. 64
St. 4th Ward

2. FULL NAME

(a) Residence, No. 1632 S. Fulton St. 4th 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Watson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 1865</u>		
7. AGE	YEARS	MONTHS
<u>72</u>	<u>-</u>	<u>9</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill

13. NAME
John Whelan

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

15. MAIDEN NAME
-

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
-

17. INFORMANT (ADDRESS)
Mr. P. E. Bailey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Indian Creek DATE 3/13 1937

19. UNDERTAKER (ADDRESS)
J. C. Fisher

20. FILED Feb 16 1937 J. C. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1937

22. I HEREBY CERTIFY, That I attended deceased from mech 1937 to July 9 1937
I last saw her alive on July 9 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cordeae thrombosis (Date of onset July 8)

Other contributory causes of importance:
9512

Name of operation - Date of -
What test confirmed diagnosis? deceased Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 The H. Way

(Signed) J. C. Fisher M. D.
(Address) Blanchard 400

