

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1937

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

Do not use this space.

1. PLACE OF DEATH  
County RANDOLPH Registration District No. 735 File No. 7785  
Township SUGAR CREEK Primary Registration District No. 3037 Registered No. 48  
City MOBERLY (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Inamin Courlay  
(a) Residence, No. Higbee Mo St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 39 yrs. 3 mos. 27 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) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-25-1897  
7. AGE YEARS 39 MONTHS 3 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. 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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1937  
22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1937, to Feb 22 1937.  
I last saw her alive on Feb 22 1937. Death is said to have occurred on the date stated above, at 12.48 p.m.

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

Right Mastoiditis Date of onset Feb 6

Other contributory causes of importance:  
Influenza  
Septicemia  
Pneumonia  
Name of operation Mastoidectomy Date of Feb 15  
What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Higbee (STATE OR COUNTRY) Mo.  
13. NAME DR. CHARLES F. BURKHALTER  
14. BIRTHPLACE (CITY OR TOWN) COOPERS BURG (STATE OR COUNTRY) PENN  
15. MAIDEN NAME FLORENCE STEWART  
16. BIRTHPLACE (CITY OR TOWN) AURORA (STATE OR COUNTRY) ILL  
17. INFORMANT DR. C. F. BURKHALTER (ADDRESS) Higbee Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Higbee Mo DATE FEB. 25 1937  
19. UNDERTAKER G. R. LAMBIER (ADDRESS) Higbee Mo  
20. FILED 2/22 1937 Keyin Registrar (Address) \_\_\_\_\_

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? No  
If so, specify \_\_\_\_\_  
(Signed) Wm. H. Williams M. D.  
Wm. H. Williams

