

MAR 25 1937

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

Do not use this space.

7833

File No. 14
Registered No. 1440
St. _____ Ward)

1. PLACE OF DEATH

91 County Trippley
Township Doniphan
City Doniphan

Registration District No. 750
Primary Registration District No. 4451

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Booker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 - 2 - 17

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 _____

12. BIRTHPLACE (CITY OR TOWN) Carroll County
(STATE OR COUNTRY) Missouri

13. NAME Wesley Dentrey

14. BIRTHPLACE (CITY OR TOWN) U.S.A.
(STATE OR COUNTRY)

15. MAIDEN NAME Harper

16. BIRTHPLACE (CITY OR TOWN) U.S.A.
(STATE OR COUNTRY)

17. INFORMANT C. O. Booker
(ADDRESS) Doniphan Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lowles Cem. DATE 2-1-37, 1937

19. UNDERTAKER Jordan Doniphan
(ADDRESS)

20. FILED 2-1-37 1937 C. B. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-1937, 1937

I HEREBY CERTIFY That I attended deceased from January 28, 1937, to January 31, 1937

I last saw her alive on January 28, 1937. Death is said to have occurred on the date stated above, at 4:32 P.M.

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

Memoria Date of onset _____

Other contributory causes of importance Arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) J. S. Harrison, M. D.

(Address) Doniphan

Williams
13aB

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

Do not use this space.

1. PLACE OF DEATH

County Ripley
Township
City Doniphan (No. _____)

Registration District No. 750
Primary Registration District No. 4451

File No. 783.3
Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 2 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as splanner, 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 2-1 37 C. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic nephritis
Date of onset _____
Other contributory causes of importance: Chronic nephritis

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 _____, 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? _____
If so, specify _____
(Signed) J. G. Williams M. D.
(Address) Doniphan mo

S-7833