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.

APR 16 1937

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

Do not use this space.

11362

1. PLACE OF DEATH
County Callaway
Township Jackson
City Aux Vasse (No. ..... St. ..... Ward)

Registration District No. 102
Primary Registration District No. 4062

File No. .....
Registered No. 400

2. FULL NAME Catherine Price Overfelt

(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 ..... 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: James Overfelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11th 1864

7. AGE: YEARS 72 | MONTHS 9 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): Readsville, Missouri

FATHER
13. NAME: John B. Gregory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfax Co. Virginia

MOTHER
15. MAIDEN NAME: Isabel Scholl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): John Overfelt, Aux Vasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery DATE Mar. 4, 1937

19. UNDERTAKER (ADDRESS): Glen Y. Maupin, Aux Vasse, Mo.

20. FILED 3-8 1937 C. B. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1937, to 3/2, 1937
I last saw her alive on 3/2, 1937. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: 93 C

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) C. B. Nichols, M. D.
(Address) Aux Vasse Missouri