

APR 16 1937

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

Do not use this space.

11550

1. PLACE OF DEATH

County CedarRegistration District No. 163Township PayPrimary Registration District No. 40951City El Dorado Springs (No. 2)

File No. _____

Registered No. 28

St. _____ Ward _____

2. FULL NAME

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

St. _____ Ward _____

(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

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFCharles Bell

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

Nov 16 - 1868

7. AGE

35

YEARS

68

MONTHS

4

DAYS

11If LESS than 1
day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Fielding Ill.

13. NAME

Elijah E. Wilson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

15. MAIDEN NAME

Phoebe Vaumatre16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ill.17. INFORMANT
(ADDRESS)Ramona Wrigley
Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE El Dorado Springs DATE Mar 29 193719. UNDERTAKER
(ADDRESS)Napier Funeral Home

20. FILED

3-29-1937J. W. Dawson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 193722. I HEREBY CERTIFY, That I attended deceased from
Mar 23 1937, to Mar 27 1937I last saw her alive on Mar 25 1937 Death is said
to have occurred on the date stated above, at 6 a.m.

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

Angina pectoris

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 _____, 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. J. Underwirth D.O. M. D.(Address) El Dorado Springs, Mo.

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.

