

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Douglas Registration District No. 956 File No. 11752
Township Clinton Primary Registration District No. 5397 Registered No. _____
City Capitol (No. _____) St. _____ Ward _____

2. FULL NAME

Oma Jane Haddock
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 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 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 Willis Haddock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 58 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
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) Texas Co. Mo.

13. NAME Albert Reed

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

15. MAIDEN NAME Sarah Pool

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

17. INFORMANT (ADDRESS) Wen Haddock
Capitol Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Capitol DATE April 22, 1937

19. UNDERTAKER (ADDRESS) Gaylor White
Capitol Mo

20. FILED April 1, 1937 Mrs. Alice Rankin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937 to March 20, 1937
I last saw her alive on March 20, 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer Lymphatic
Other contributory causes of importance: No

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. P. Capelin, M. D.
(Address) Capitol 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.

