

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

Do not use this space.

APR 20 1937

1. PLACE OF DEATH

County Harrison Registration District No. 346
Township Lincoln Primary Registration District No. _____
City Hatfield, Mo. (No. 5484) St. _____ Ward _____

File No. 12031
Registered No. 2
St. _____ Ward _____

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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female W 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1937, to _____, 19____
I last saw her alive on Feb. 27, 1937. 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1866
7. AGE YEARS 71 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

chronic myocardia Date of onset _____
influenza _____
Other contributory causes of importance: lobar pneumonia _____ 1934

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lived with Baker
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) South Bend Indiana

13. NAME Webster Paxton

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

15. MAIDEN NAME Elmira Rinchant

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

17. INFORMANT Merrill Rinchant (ADDRESS) Hatfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Center DATE 3/2 1937

19. UNDERTAKER Dr. C. S. J. J. J. (ADDRESS) Grand City, Mo.

20. FILED Mar 24, 1937 Chas. Adair Registrar.

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? no
If so, specify _____
(Signed) H. Brooks Walker, M. D.
(Address) Eagleville, Mo.

Dr. W. A. ...

WRITE PRINTING WITH GRADING INK---THIS IS A PERMANENT RECORD

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.

