

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Madawson 74*Registration District No. *625*File No. *12832*Township *Maryville*Primary Registration District No. *3231*Registered No. *31*City *Maryville* No. *St Francis Hospital*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 24, 1937*

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

22. I HEREBY CERTIFY, That I attended deceased from *March 24, 1937 to March 24, 1937*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 24-37*I last saw him alive on *Still Born*, 19____. Death is said to have occurred on the date stated above, at _____ m.7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. *Stillborn*

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

8. Trade, profession, or particular kind of work done, as spinner, 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 _____Date of onset
Still Born

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maryville Mo**Unknown*13. NAME *Orville Jones*

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME *Mary E. W. W.*

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS) *Orville Jones Sheridan*

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sheridan Mo* DATE *Mar 25, 1937*

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) *H. L. Jones*

Specify whether injury occurred in industry, in home, or in public place.

20. FILED *3-24-37* *Mamie E. Clardy* Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *H. L. Jones*, M. D.(Address) *Sheridan*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

