

APR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12931

1. PLACE OF DEATH

County *Pettis*Registration District No. *664*Township *Clark*Primary Registration District No. *5883*City *Green Ridge* (No. *1*)File No. *5-*Registered No. *5-*St. *Mo.*

Ward

2. FULL NAME

(a) Residence, No. *Born & lived in Pettis Co. most of her life.*
(Usual place of abode)

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)

Widow

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

Lehas Yost

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

Feb. 3, 1878

7. AGE

59

MONTHS

1

DAYS

16

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)

West of Green Ridge, Mo.

13. NAME

Melvin R. Smith

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

Indiana

15. MAIDEN NAME

Sanah E. Funk

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

Kentucky

17. INFORMANT (ADDRESS)

Robert Smith, Green Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Green Ridge* DATE *3/20*

19. UNDERTAKER (ADDRESS)

L. E. Reams, Green Ridge, Mo.

20. FILED

Apr 4, 1937 L. R. Shelby, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from

*Mar 18, 1937, to Mar 19, 1937*I last saw her alive on *Mar 18, 1937*. Death is saidto have occurred on the date stated above, at *4:30 A.M.*

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

*Apoplexy (cerebral hemorrhage)*Date of onset *3/18/37*

Other contributory causes of importance:

Chronic interstitial nephritis & X
Arteriosclerosis & X

Name of operation

Date of

What test confirmed diagnosis? *Clinical* 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? *No*

If so, specify

(Signed) *H. A. Hite*, M. D.(Address) *Green Ridge, Mo.*

