

APR 27 1937

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

Do not use this space.

13256

File No. 694

Registered No. _____

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 4465
City Flat River (No. _____, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Wampler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 18857. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 9 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month, year) 3-29-37 11. Total time (years) spent in this occupation 6012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Mo.13. NAME James Dilley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Ohio15. MAIDEN NAME Nancy Yeager16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Ohio17. INFORMANT (ADDRESS) Cora Edwards Flat River Mo.18. BURIAL, CREMATION, OR REMOVAL Woodlawn DATE 3-7-3719. UNDERTAKER (ADDRESS) Caldwell Bros Flat River Mo.20. FILED 4/5 1937 B. Sturran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5 193722. I HEREBY CERTIFY That I attended deceased from 2-24 1937, to 3-4 1937.I last saw her alive on 2-1 1937 Death is saidto have occurred on the date stated above, at 11 P. m.

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

Chronic myocarditis, cardiomyopathy, arterial sclerosis.

Date of onset

Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis? exam Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury _____, 1937Where did injury occur? no

(Specify city or town, county, and State)

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

Manner of injury no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul L. Jones, M. D.(Address) Flat River, Mo.

WRITE PLAINLY, WITH UNFADING 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.

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