

MAY 19 1937

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

Do not use this space.

16097

23-

File No. 23-

Registered No. 2

St. _____ Ward)

1. PLACE OF DEATH

23 County LeptonRegistration District No. 207

Township _____

Primary Registration District No. 4125City Plattsburg Mo (No. _____)

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 16 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF g. w. Dale6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 19-18567. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 7 88. 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. Housekeeping10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 25 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky13. NAME Thomas Arnold14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) J. W. Dale Plattsburg Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo DATE Mar 28 193719. UNDERTAKER (ADDRESS) B. J. Wilson Plattsburg Mo20. FILED 3/27 1937 C. W. Crastani Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 193722. I HEREBY CERTIFY, That I attended deceased from Mar 17 1937, to March 26 1937I last saw her alive on Mar 26 1937. Death is said to have occurred on the date stated above, at 11:20 P.M.

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

Myocarditis Date of onset Mar 23 37Other contributory causes of importance: 110
Influenza Mar 17 37
Primary Pneumonia Mar 20 37Name of operation None Date of _____
What test confirmed diagnosis? Cholera Was there an autopsy? No23. 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. W. Dale, M. D.
(Address) Plattsburg Mo

