

GROUP OF 22 FATHERS IN PHARMACEUTICALS, SO WHAT MAY BE PROPERTY CLASSIFIED. Exact statement of OCCUPATION is very important.

MAY 19 1937

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

Do not use this space.

16100

1. PLACE OF DEATH

County Clyton
Township Lafayette
City Harmony (No. _____)

Registration District No. 21089
Primary Registration District No. 3289

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME Catherine Hearing

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1937, to Apr 3 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-28-1852

I last saw her alive on Apr 2 1937. Death is said to have occurred on the date stated above, at 79 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 5

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. Housekeeping
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.

Metal Sterilis
920
Other contributory causes of importance:
Arterio Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME James Harrod

Name of operation _____ Date of _____

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

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

15. MAIDEN NAME Emelia Palgrove

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

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

17. INFORMANT (ADDRESS) Hearing
Harmony Mo

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony DATE April 5 1937

Manner of injury _____

19. UNDERTAKER (ADDRESS) J. F. Krambell
Shrewsbury Mo

Nature of injury _____

20. FILED April 13 1937 Registrar John C. _____

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

If so, specify (Signed) J. F. Krambell, M. D.
(Address) Harmony Missouri

