

MAY 19 1937

2: a.m.

Do not use this space.

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

1. PLACE OF DEATH

34 County Saugus
Township Benton
City Ava, Mo. (No. _____)

Registration District No. 272
Primary Registration District No. 5379

File No. 16222
Registered No. 131
St. _____ Ward _____

2. FULL NAME Mariam Lily Singleton

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 2 10

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

12. BIRTHPLACE (CITY OR TOWN) Ava, Missouri
(STATE OR COUNTRY)

13. NAME Samuel Turner

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

15. MAIDEN NAME Sarah Lyon

16. BIRTHPLACE (CITY OR TOWN) Sade, C. Missouri
(STATE OR COUNTRY)

17. INFORMANT Dallie J. Adams
(ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ava Cemetery DATE April 13 1937

19. UNDERTAKER C. V. Clunkinghead
(ADDRESS) Ava, Mo.

20. FILED 2-10 1937 Henry Burke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1937, to 4-12-1937

I last saw her alive on 4-12-1937 Death is said

to have occurred on the date stated above, at 2:15 A.M.

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

Cause of Conv.

Date of onset

Other contributory causes of importance: WS

Name of operation _____ Date of _____

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

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? WS

If so, specify _____

(Signed) M. C. Kinty, M. D.

(Address) Ava, Mo.

