

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Missouri
City Waverly

Registration District No. 413
Primary Registration District No. 5559C

File No. 16696
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Lizzie McHaffin
501 Brown St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 1 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 27-1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 48 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newswork
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) Missouri13. NAME John Barnhardt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Floey Mills16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Records
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Waverly DATE 4/15-193719. UNDERTAKER (ADDRESS) THE FRANK-SIEVERS MORTUARY INC. Jasper, Mo.20. FILED 5/1 1937 Harry A. Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 193722. I HEREBY CERTIFY, That I attended deceased from Aug 12 1936 to April 13 1937I last saw him alive on April 13 1937 Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Tuberculosis Tubercularis
Tubercularis Laryngitis
Enteric Colitis

Other contributory causes of importance: _____

Name of operation No Date of _____What test confirmed diagnosis? See above 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? No

If so, specify _____

(Signed) Jose E. Longan, M. D.

(Address) _____

