

JUN 12 1937

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

Do not use this space.

18900

1. PLACE OF DEATH

County Jackson
Township East Mo.
City General Hoop (No. 22)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 18900

2. FULL NAME

(a) Residence, No. 1412 Pacific St., Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) N.Y.

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 5/7/37

19. UNDERTAKER (ADDRESS) H. B. Moore

20. FILED 5-5-37 M. M. Crawford Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30 1937, to 4-24 1937. I last saw her alive on 4-24 1937. Death is said to have occurred on the date stated above, at 240 P.M.. The principal cause of death and related causes of importance were as follows:
Chronic Diffuse Hemorrhagic Tuberculous Peritonitis
Other contributory causes of importance:
Pulmonary TB 23
Shock

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) G. C. Turner M. D.
(Address) General Hoop #22

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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