

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 399

Do not use this space.

JUN 12 1937

19103

1. PLACE OF DEATH

County Jackson
Township Franklin
City N. C. Mo. No. 1301

Registration District No. 1002
Primary Registration District No. Woodland

File No. 202
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1301 Woodland St., _____ Ward.

(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 Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/37

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

22. I HEREBY CERTIFY that I attended deceased from 9 to 11, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1878

I last saw him alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 11 1/2 m.

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

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

Chronic myocarditis

93c

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naptonville Mo.

13. NAME Jim Coxton

Name of operation _____ Date of _____

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

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

15. MAIDEN NAME Jane

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) Mo.

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

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

17. INFORMANT John H. Cook (ADDRESS) 7500 E. 15th St.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 5-21-37

19. UNDERTAKER Sarah Crisp & Irving (ADDRESS) 1119 E. 15th St.

24. Was disease or injury due to occupation of deceased? _____ If so, specify _____

(Signed) [Signature], M. D.

20. FILED May 21 1937 M. M. Crowder Registrar.

(Address) _____

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

2230

