

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

Do not use this space.

JUN 12 1937

19189

1. PLACE OF DEATH

County Jackson
Township Lawn
City Sanson City (No. 47 East Concord)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 243
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 47 East Concord St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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 Fr 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25/37 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 5/18 to 5/25, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1st 1889

I last saw her alive on 5/25, 1937 Death is said to have occurred on the date stated above, at 12:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 7 24

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia 5/24/37

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

Other contributory causes of importance:
acute pericarditis

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) mo

13. NAME John Crowley

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

15. MAIDEN NAME Mary Frenney

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

17. INFORMANT J. N. Tedrow (ADDRESS) 47 E Concord

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joe mo DATE 5/27/37

19. UNDERTAKER (ADDRESS) W. J. Mayberry

20. FILED May 26, 1937 m m Concord Registrar.

Name of operation clinical Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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?
If so, specify M. J. OWENS, M. D.
(Signed) Walter Bledsoe
(Address) _____

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

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89
47