JUN 24 1937

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

Do not use this space.

File No. 20827
Registered No. 3

1. PLACE OF DEATH

County: Nodaway — Registration District No. 618
Township: — Primary Registration District No. 4369
City: Burlington Jct. (No. ..., ..., St. ..., Ward) 2

2. FULL NAME Cynthia A Dragoo

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
2.35	77	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Knoxville (STATE OR COUNTRY) Iowa

FATHER

13. NAME William DeArmond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennslyvania

MOTHER

15. MAIDEN NAME Lea Carson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Chas Shackleford
(ADDRESS) Burlington Jct. Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ohio Cemetery DATE Apr 22, 1937

19. UNDERTAKER J.R. Hann
(ADDRESS) Burlington Jct. Mo

20. FILED May 17, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1937 to 4/20, 1937
I last saw h... alive on 4/20, 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset 4/19/37

Other contributory causes of importance:
Chr. Endocarditis
Chr. Myocarditis
Collateral gangrene

Name of operation ... 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? No
If so, specify
(Signed) [signature], M. D.
(Address) Burlington Jct. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.