

JUN 28 1937

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

Do not use this space.

21123

1. PLACE OF DEATH

County Jay
Township Richmond Mo
City Richmond Mo

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 46
St. _____ Ward _____

2. FULL NAME

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

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1937, to 6-2, 1937.

I last saw him alive on 5-28, 1937. Death is said to have occurred on the date stated above, at 2:45 P. M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1854

7. AGE YEARS MONTHS DAYS If less than day, hrs. or min. 82 9 15

Other contributory causes of importance: senility

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

Coronary occlusion
Arteriosclerosis
Hypertension
Arterio-sclerosis

Date of onset ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Retired

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) Utica, Missouri

13. NAME Thomas Holt

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

15. MAIDEN NAME Jane Hughes

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

17. INFORMANT Mrs Ed Schneider (ADDRESS) Kingston, Wyoming

18. BURIAL CREMATION OR REMOVAL PLACE Richmond Mo DATE June 5, 1937

19. UNDERTAKER (ADDRESS) Richmond Mo

20. FILED 9/10 1937 Richmond Mo Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? path 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) H. M. Griffith, M. D.

(Address) Richmond 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.

