

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Polk
City (No.) (No.) Ward (No.) Ward

Registration District No. 804
Primary Registration District No. 5803

File No. 23042

Registered No.

2. FULL NAME

(a) Residence, No. Greentop R.F.D. 8 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Jan. 1, 1934, to June 11, 1937.
I last saw her alive on June 11, 1937. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 0 7

Chronic Interstitial nephritis
Date of onset 1930

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

Other contributory causes of importance:
Hypertension
(Cardiac)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

13. NAME Wm. M. Cready
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

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.

15. MAIDEN NAME Melvina Montgomery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Chas. Kerr (ADDRESS) Edson Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glennwood DATE June 13, 1937

19. UNDERTAKER True Morehead (ADDRESS) Lancaster Mo.

20. FILED June 12, 1937 Mrs. O. Farrington Registrar

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify R. R. Ellis, M. D.
(Signed) R. R. Ellis (Address) Kirksville, 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.

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Mrs O P Jamneger
Secretary of the