

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.

75  
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4

JUL 31 1937

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

Do not use this space.

24433

1. PLACE OF DEATH

County Newton Registration District No. 609 File No. 24433  
Township Neosho Primary Registration District No. A363 Registered No. \_\_\_\_\_  
City Neosho (No. Reynolds Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Adeline Margaret North  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lred North</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 1863</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>8</u>	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Wisconsin</u>				
FATHER	13. NAME <u>Lenny H Couper</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Jersey</u>				
MOTHER	15. MAIDEN NAME <u>Jane De Camp</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Jersey</u>				
17. INFORMANT (ADDRESS) <u>Alice Garner Neosho Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>1007 Ken. DATE 7-2 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Bughain's Neosho Mo</u>				
20. FILED <u>7-6 1937 Onelssale</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1937 to July 1 1937. I last saw her alive on June 30 1937. Death is said to have occurred on the date stated above, at 12 A.m.  
The principal cause of death and related causes of importance were as follows:  
Fract. Pelvis + ribs, right side. Possibly rupture of bladder  
Date of onset 6/6/37

Other contributory causes of importance:  
Large abscess in iucho-metal region - 186a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury June 6, 1937  
Where did injury occur? Neosho Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
at church  
Manner of injury Fell off church steps  
Nature of injury Fract pelvis & ribs

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. C. Yarnson, M. D.  
(Address) Neosho Mo

