

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

Do not use this space.

JUL 31 1937

1. PLACE OF DEATH

County Oregon  
Township Thayer  
City Thayer

Registration District No. 632  
Primary Registration District No. 4382

File No. 24457  
Registered No. 35  
St. 7 Ward

2. FULL NAME

(a) Residence, No. 7 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gilbert Jones  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-4-1869  
7. AGE YEARS 68 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
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) Russville Ind.

13. NAME George Leonard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russville Ind.

17. INFORMANT Rev. Gilbert Jones  
(ADDRESS) Thayer Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Mo. DATE 6/24/37

19. UNDERTAKER Geo. Campbell  
(ADDRESS) Thayer Mo.

20. FILED June 24, 1937 George Johnson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-37

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937 to June 22, 1937  
I last saw him alive on June 21, 4:30, 1937 Death is said to have occurred on the date stated above, at 2 a. m.  
The principal cause of death and related causes of importance were as follows:

Peritonitis  
Caused by  
cholecystitis chronic undrained  
Date of onset 6-17-37

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? \_\_\_\_\_ 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 \_\_\_\_\_  
(Signed) G. A. Barnes, M. D.  
(Address) Thayer Mo.

P. A. Barnes

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

