

JUL 31 1937

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

Do not use this space.

24538

1. PLACE OF DEATH

County Pettis
Township Blackwater
City Blackwater (No. 1)

Registration District No. 112
Primary Registration District No. 655

File No. 1
Registered No. 1
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. La Monte R.F.D. St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1867
7. AGE YEARS 69 MONTHS 6 DAYS 19 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. at home
10. Date deceased last worked at this occupation (month and year) Feb 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) La Monte (STATE OR COUNTRY) Mo.

13. NAME George W. Lee
14. BIRTHPLACE (CITY OR TOWN) Donnell (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth S. Bobbitt
16. BIRTHPLACE (CITY OR TOWN) Donnell (STATE OR COUNTRY) Mo.

17. INFORMANT Lula Wheeler (ADDRESS) La Monte Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackwater Chapel DATE May 30 1937

19. UNDERTAKER W. C. Westbrook (ADDRESS) Houston Mo.

20. FILED Mar 1937 John W. Tyler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1936 to Mar 28 1937
I last saw him alive on Mar 28 1937 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:
Exophthalmic goiter Date of onset About 1925
Chronic Myocarditis Feb 1936

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None 1937
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. Spring M. D.
Blackwater (Address)

