

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

Country Saline
Township Marshall
City Marshall (No. 4)

Registration District No. 796
Primary Registration District No. 3038

File No. 24970
Registered No. 113
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Prop State School Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1922

7. AGE YEARS 15 MONTHS 5 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Diamond Newton Co Mo

13. NAME Best Doer

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

15. MAIDEN NAME Jula Doer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond Newton Co Mo

17. INFORMANT Phyl Reed (ADDRESS) Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage Mo DATE June 27 1937

19. UNDERTAKER W. W. Coakley (ADDRESS) Marshall Mo

20. FILED 6-25 1937 Mary Kent Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1937

22. I HEREBY CERTIFY That I attended deceased from June 10 1937, to June 23 1937
I last saw her alive on June 23 1937 Death is said to have occurred on the date stated above, at 1:45 P

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

Pneumonia lobor Date of onset _____

Other contributory causes of importance: 108

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____

(Signed) H. M. Mays M. D.
(Address) Marshall

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.

