

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 Schuyler
Township Salt River
City Excelsior (No. _____ St. _____ Ward _____)

Registration District No. 804Primary Registration District No. 6049File No. 24982

Registered No. _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

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

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMargie Ammerman

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

Oct 20 1907

7. AGE

YEARS

29

MONTHS

6

DAYS

11If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Housewife10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Excelsior, Mo

13. NAME

George Smock14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ida

15. MAIDEN NAME

Mary Bryn16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Schuyler, Mo17. INFORMANT
(ADDRESS)Mrs. J. W. Dagit
Excelsior, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Williamsville DATE June 14 193719. UNDERTAKER
(ADDRESS)Ford Moore
Excelsior, Mo

20. FILED

June 12, 1937 Mrs. O. H. Harrington

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 11 193722. I HEREBY CERTIFY That I attended deceased from
11-9, 1937, to 6-11, 1937I last saw h. er alive on June 11, 1937 Death is said
to have occurred on the date stated above, at 10 A. m.

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

Date of onset

Encephalitis

Other contributory causes of importance:

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? No

If so, specify _____

(Signed) William C. Cook, M. D.(Address) Excelsior, Mo

