

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Francois*Registration District No. *771*

Township

Primary Registration District No. *1462*City *Bismarck* (No.) St. Ward (....)File No. *28217*

Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* 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
DORCED (write the word)*Married*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF*John A. Rausley*

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

July 4, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*77**11**27*

OCCUPATION

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.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)*Mo*

13. NAME

*Sam Robinson*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Mo*

15. MAIDEN NAME

*Catherine Dietz*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Mo*17. INFORMANT
(ADDRESS)*John A. Rausley, Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Madell

DATE

7-2

1937

19. UNDERTAKER
(ADDRESS)*White & Hill
Bismarck, Mo*

20. FILED

July 2

1937

Justus, Mo

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

*6-25, 1937, to 7-1, 1937*I last saw her... alive on... *6-29, 1937.* Death is saidto have occurred on the date stated above, at *3:00 p.m.*

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

Date of onset

*Hypoadrenia**6-28-37*

Other contributory causes of importance:

*arterial sclerosis,
chronic myocarditis,
chronic nephritis**all heart
year*

Name of operation

none

Date of

What test confirmed diagnosis? *Phys. & physiol. examination* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *no*, 19...Where did injury occur? *no* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*Nature of injury *no*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.....

(Signed) *Paul T. Jones**Paul T. Jones*

, M. D.

(Address) *Flat Room, Mo**Flat Room, Mo*

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

X-7284

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.

