

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Queeny
City Queeny, Mo. (No. 1242)

Registration District No. 409
Primary Registration District No. 1242

File No. 30930

Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edgar Goode</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29 1909</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>27</u>	<u>7</u>	<u>30</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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	

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

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1937, to Aug 28, 1937
I last saw her alive on Aug 27, 1937. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis with edema
Mitral Stenosis
Date of onset Feb 1936

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Logansport, Missouri

13. NAME Sherman Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Logansport, Missouri

15. MAIDEN NAME Elizabeth Loftis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Logansport, Missouri

17. INFORMANT (ADDRESS)
Mr. Edgar Goode, Queeny, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fidelity Cem. DATE 8/30, 1937

19. UNDERTAKER (ADDRESS)
W. H. ...

20. FILED 9-1-37 J. ... Registrar.

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) D. O. ...
(Address) Queeny, Mo.

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.

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