

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

SEP 27 1937

1. PLACE OF DEATH

County Holt  
Township Neering  
City Manly

Registration District No. 900  
Primary Registration District No. 6207

File No. 32128  
Registered No. 11  
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>J. J. Priest</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 30, 1882</u>				
7. AGE - YEARS <u>54</u>	MONTHS <u>11</u>	DAY <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.	
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.				
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) <u>Don Springs Mo.</u>				
13. NAME <u>A. D. Mahoney</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Geny.</u>				
15. MAIDEN NAME <u>Lea Hunter</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don Springs Mo.</u>				
17. INFORMANT (ADDRESS) <u>J. J. Priest</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crematory</u> DATE <u>Aug 12, 1937</u>				
19. UNDERTAKER (ADDRESS) <u>W. F. Schleich</u>				
20. FILED <u>Sept 9, 1937</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 m.

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

Raysey  
Chronic Dystrophic Nephritis  
Other contributory causes of importance:

Date of onset

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. F. Schleich, M. D.  
(Address) Neering Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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