

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

Do not use this space.

**OCT 19 1937**

**33144**

**1. PLACE OF DEATH**

County Jackson  
Township Green  
City Kennett (No. 7-C General)

Registration District No. 399  
Primary Registration District No. 1092

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3650 Pennington 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 8-27 1937, to 8-30 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1894

I last saw her alive on 8-30 1937 Death is said to have occurred on the date stated above, at 10:25 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 10 26

The principal cause of death and related causes of importance were as follows: Acute appendicitis with Peritonitis

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Horseman  
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 \_\_\_\_\_

Date of onset \_\_\_\_\_

Other contributory causes of importance: 121

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) France

13. NAME Bernard Sorbet

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) France

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Elsie Thea

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Reyna Clark  
2-C Gen Hosp Kennett

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Sept-1-37

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Mrs. P. Z. Forster  
918 Broadway, Kennett

(Signed) P. F. De Munn M. D.  
(Address) 2-C Gen Hosp Kennett

20. FILED 9-1 37 M. M. Crowl Registrar.

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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