

OCT 19 1937

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

Do not use this space.

33225

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kennett No. 575 Holmes St. _____ Ward _____

File No. _____
Registered No. 3079
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 575 Holmes 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

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3rd 1889

7. AGE YEARS 48 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
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 Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Effie Galbreath (ADDRESS) 1245 State Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Winsten Mo DATE 9-9-37

19. UNDERTAKER H. B. Brown (ADDRESS) 1820 E. 18th

20. FILED Sept 8, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-37

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to Aug 30 1937

I last saw her alive on Aug 30 1937 Death is said to have occurred on the date stated above, at 7:30 pm

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

Cerebral Apoplexy Date of onset 8/30
8201

Other contributory causes of importance: Anasarca (dropsy) 3 mo

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) R. B. Bishop MD M. D.
(Address) 578 Ridge Bldg R3 K C

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.

K. W. Bishop

Mr 2020
Bookings