

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.

OCT 20 1937 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Dade

Registration District No. 237

Township Clinton

Primary Registration District No. 444

City Greenfield Mo. (No. 2)

St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF A. B. Ayers

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

Apr. 30 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

34

84

5

OCCUPATION

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

Housekeeping

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)

Hillsdale Michigan

13. NAME

George Barren

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

Michigan

15. MAIDEN NAME

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

Michigan

17. INFORMANT (ADDRESS)

Mrs. H. L. Carr
Greenfield Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenfield DATE Oct. 1 1937

19. UNDERTAKER (ADDRESS)

J. W. Ward
Greenfield Mo.

20. FILED

10-1-1937 Geo. L. Weir

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1937, to 9-30 1937

I last saw her alive on 9-30 1937. Death is said to have occurred on the date stated above, at 7³⁰ a.m.

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

Senility Date of onset

auricular Fibrillation of heart

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) St. O. Cowan M. D.

(Address) Greenfield Mo.

