

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 Howard
Township Fayette
City Fayette (No. 1)

Registration District No. 378
Primary Registration District No. 4222

File No. 34358
Registered No. 57
St. _____ Ward _____

2. FULL NAME Ada Sue Harold.

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/24th 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3

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) Fayette, Mo. (STATE OR COUNTRY)

13. NAME Leaman Harold.
14. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY)

15. MAIDEN NAME Jessie Smith Miller.
16. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY)

17. INFORMANT Lucian Harold. (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge DATE 9/27th 1937

19. UNDERTAKER Guy T. Halley. (ADDRESS) Fayette, Mo.

20. FILED Oct. 6 1937 V. Q. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27th 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-24 1937, to 9-27 1937. I last saw her alive on 9-27 1937. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____

8221

Other contributory causes of importance: None
excess - difficult labor

Name of operation _____ Date of _____
What test confirmed diagnosis? Spinal 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? no
If so, specify _____
(Signed) Wm. B. ... M. D.
Fayette Mo
(Address) _____

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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