

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

OCT 20 1937

1. PLACE OF DEATH

County Jasper
Township
City (No.)

Registration District No. 413
Primary Registration District No. 4245

File No. 34528
Registered No. 45
St. Ward

2. FULL NAME

(a) Residence, No. R#1 St. Ward.
(Usual place of abode)

(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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1906
7. AGE YEARS 30 MONTHS 10 DAYS 19
If LESS than 1 day, hrs. or min.

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

13. NAME Mrs. W. Scott

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

15. MAIDEN NAME Sylvia Redden

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

17. INFORMANT (ADDRESS) Mrs. Sylvia Scott R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Medicine Mo. DATE 9/13 1937

19. UNDERTAKER (ADDRESS) H. P. Undertaking Co. 176

20. FILED 9/15 1937 Harry A. Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1937 to Sept 9 1937

I last saw her alive on Sept 9 1937. Death is said to have occurred on the date stated above, at 7:30 P. M.

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

Post partum Hemorrhage following child birth. Date of onset

Other contributory causes of importance: under nourishment

Name of operation 1442 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) J. E. Kenney M. D.
(Address) 311 Turner Bldg. Joseph Mo

