

OCT 21 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34626

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township W. Vassar Primary Registration District No. D5633
City W. Vassar No. (No. Mo. State Sanatorium) St. _____ Ward _____

File No. _____
Registered No. 106

2. FULL NAME

(a) Residence, No. Route 3 St. _____ Ward. Pierce City, Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-37, 19

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gue Friday

22. I HEREBY CERTIFY, That I attended deceased from 4-23-35, 19, to 9-19-37, 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14, 1911

I last saw her alive on 9-19-37, 19. Death is said to have occurred on the date stated above, at 10:50 m. p.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 26 6 5

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

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) 1937
11. Total time (years) spent in this occupation _____

Primary Tuberculosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

Other contributory causes of importance: DD

13. NAME John J. Molochi

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierce City Mo.

22. 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. _____

15. MAIDEN NAME Julia Jaster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierce City Mo.

17. INFORMANT (ADDRESS) Bro. Mrs. David R. Clark

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul's Ch. DATE Sept 21 1937

19. UNDERTAKER (ADDRESS) Wm. J. Jozett

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) David J. Green, M. D.
(Address) W. Vassar

20. FILED Sept 19 1937 P.A. Holmes 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.

53

25

