

OCT 21 1937

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

Do not use this space.

34657

1. PLACE OF DEATH

County *Linn Co.*
Township *Jefferson*
City *Waverly Mo.* (No.)

Registration District No. *500*
Primary Registration District No. *4803*

File No. *6*
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. *Laclede Mo.* 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Andrew J. Havens*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 29, 1859*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 0 17

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

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) *Barren Co. Ky.*13. NAME *Lordon Frasier*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*15. MAIDEN NAME *Mary Hayes*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*17. INFORMANT (ADDRESS) *Mrs. W. D. Bailey*18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) *meadville Mo.*PLACE *meadville* DATE *Sept 28, 1937*19. UNDERTAKER (ADDRESS) *Hunter & Rollins*20. FILED *Sept 30, 1937* *Geo. O. Bowman, Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 17, 1937*22. I HEREBY CERTIFY, That I attended deceased from *meadville*, 1937, to *meadville*, 1937I last saw her alive on *Sept 13, 1937*. Death is said to have occurred on the date stated above, at *meadville* m.

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

*Chronic Valvular Heart disease, (Non-compensating)*Date of onset *Years Ago*

Other contributory causes of importance:

Arterio Sclerosis

Name of operation. Date of

What test confirmed diagnosis? *Physical signs* 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) *Dr. Hardy*, M. D.(Address) *Sumner Mo*

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.

