

OCT 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Hodaway
Township
City Maryville

Registration District No. 625
Primary Registration District No. 3031
(No. St. Francis, Hospital)

File No. 34913
Registered No. 101
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ravenwood 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rolla Fitchell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3-1874</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>63</u>	<u>2</u>	<u>16</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>hus</u>
	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)
Hentry co mo13. NAME
John Long14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ind15. MAIDEN NAME
Susanne Cagle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
3 Carolina17. INFORMANT (ADDRESS)
Rolla Fitchell Ravenwood18. BURIAL, CREMATION, OR REMOVAL PLACE
Muller Cem - DATE Sept 21 193719. UNDERTAKER (ADDRESS)
M. Long Ravenwood20. FILED Sept 21 1937 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 193722. I HEREBY CERTIFY, That I attended deceased from 9-11-1937 to 9-19-1937I last saw her alive on 9-19-1937 Death is saidto have occurred on the date stated above, at 6:30 P.M.

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

Uremia Date of onset

Other contributory causes of importance:

Paraplegia - Cause unknownName of operation none Date of _____What test confirmed diagnosis? Exam Was there an autopsy? No23. 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) Janet Howard, M. D.(Address) Maryville Mo

132B

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34913-

Do not use this space.

1. PLACE OF DEATH

(a) County Wodaway Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City Maryville (d) Street No. Dr. Francis Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Raven wood mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m-</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as 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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED 19				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 19 37
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Uremia - secondary to chronic arterio sclerosis
Date of onset 97
Other contributory causes of importance: paralytic cause unknown

Name of operation 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 Jack Rowlett - M. D.
(Signed) Maryville mo.
(Address)

Local Registrar.

S-34913