

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**

OCT 23 1937

Do not use this space.  
*Dr. P. ...*  
 34934  
 File No. \_\_\_\_\_  
 Registered No. 101  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County DeWitt Registration District No. 651  
 Township Little Springs Primary Registration District No. 4388  
 City Caruthersville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND-OR (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>D.K.</u>		
7. AGE <u>about 51</u>	YEARS <u>—</u>	MONTHS <u>—</u>
	DAYS <u>—</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house w.R.</u>	11. Total time (years) spent in this occupation <u>life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1937</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
MOTHER	13. NAME <u>D.K.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	15. MAIDEN NAME <u>Ella Happers</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT (ADDRESS) <u>William B. Buder Caruthersville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>DeWitt Co. Tenn. 9-19 1937</u>		
19. UNDERTAKER (ADDRESS) <u>W. Smith Caruthersville Mo</u>		
20. FILED <u>Sept. 18, 1937</u> <u>Ada Martin</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/9, 1937, to 9/18, 1937. I last saw her alive on 9/9, 1937. Death is said to have occurred on the date stated above, at 4-10 pm. The principal cause of death and related causes of importance were as follows:  
Myocarditis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
undetermined

Name of operation Chival Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ 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) W. B. Buder M. D.  
 (Address) Caruthersville, Mo.

