

**OCT 25 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35117

1. PLACE OF DEATH

County Repley
Township Harris
City (No.) St. Ward

Registration District No. 750
Primary Registration District No. 5991

File No. 15
Registered No. 1487

2. FULL NAME

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luther Haley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 7 7

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) Organ co mo.

13. NAME James Risenbear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Organ co mo.

15. MAIDEN NAME Mary Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Organ co mo.

17. INFORMANT (ADDRESS) Luther Haley
Successor

18. BURIAL CREMATION, OR REMOVAL PLACE Jubilee DATE Sept 7 1937

19. UNDERTAKER (ADDRESS) W. H. DeWitt
Parsons

20. FILED Sept 10 1937 C. O. Johnston
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1937

22. I HEREBY CERTIFY, that I attended deceased from Sept 1 1937 to Sept 8 1937. I last saw her alive on Sept 8 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Permeious Malaria Date of onset

Other contributory causes of importance: None

Name of operation..... Date of.....

What test confirmed diagnosis? Physical 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?.....

If so, specify.....

(Signed) J. E. Smith, M. D.

(Address) Reynolds Ark.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

