

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.

OCT 25 1937

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

Do not use this space.

35118

1. PLACE OF DEATH

County Repley
Township Shelley
City Repley (No. 750)

Registration District No. 750
Primary Registration District No. 6246

File No. 15
Registered No. 1489
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. X mos. 20 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 4-1864

7. AGE YEARS 73 MONTHS 0 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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) Repley Co., Mo.

13. NAME James Crowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill., U.S.

15. MAIDEN NAME Weschall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

17. INFORMANT J. J. Kension (ADDRESS) Douglas Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burien, Mo. DATE 9-25-37 19.

19. UNDERTAKER Jordan (ADDRESS) Douglas Mo.

20. FILED 9-25-1937 C. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1937

22. I HEREBY CERTIFY, That deceased attended physician

_____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at unknown

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

Cerebral hemorrhage Date of onset _____

Death without a medical attendant

Other contributory causes of importance:

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 _____

(Signed) Clifford G. Goff

(Address) Douglas Mo.

Coroner of Repley Co.

