

NOV 19 1937

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

Do not use this space.

37540

1. PLACE OF DEATH

County DeKalb
Township Washington
City Stewartville (No. St. Ward)

Registration District No. 261
Primary Registration District No. 4160

File No.
Registered No.

2. FULL NAME

(a) Residence, No. St. 3d 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Lawless

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-10-1857

7. AGE YEARS 80 MONTHS 5 DAYS 27
If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Housekeeping
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) Clinton County, Missouri13. NAME James Kerns14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Elizabeth Boyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho17. INFORMANT (ADDRESS) Geo Lawless, Stewartville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Chapel DATE Oct. 10 193719. UNDERTAKER (ADDRESS) J. G. Ryan, Stewartville Mo.20. FILED Oct 10, 1937 L. E. Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 193722. I HEREBY CERTIFY, That I attended deceased from Sept 7 1937, to Oct 7 1937I last saw her alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 10 P.m.

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

BronchopneumoniaDate of onset Oct 5

Other contributory causes of importance:

Cerebral HemorrhageDate Oct 2

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? No.

If so, specify.....

(Signed) J. M. Auten(Address) Stewartville, 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.

