

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Waller
City Desoto (No. _____, St. _____, Ward _____)

Registration District No. 120
Primary Registration District No. 3022

File No. 37966
Registered No. _____

2. FULL NAME

(a) Residence, No. 618 Cherry Rd. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 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

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 Thomas Hawkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1857

7. AGE YEARS 80 MONTHS 2 DAYS 2 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) not known

13. NAME Julius Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Julia Arnold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs. Henry Kable 675 Locust St. Desoto

18. BURIAL, CREMATION, OR REMOVAL PLACE Burster DATE Oct. 13 1937

19. UNDERTAKER (ADDRESS) Motherhead Desoto

20. FILED 11-8 1937 Jessie Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937, to Oct. 11 1937

I last saw her alive on Oct 6 1937 Death is said to have occurred on the date stated above, at 8 A m.

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

arteriosclerotic gangrene left foot Date of onset June 1937

Other contributory causes of importance: nephrosclerosis General arteriosclerosis unknown

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Harold V. McKinstry 1, M. D. (Address) Edgar Bldg. Desoto, 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.

