

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

St.

Ward.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

File No. 41390

Registered No.

St.

Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widowed IS</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>OCT 13. 1848</i>		
7. AGE	YEARS	MONTHS
<i>90</i>	<i>89</i>	
		DAYS
		<i>22</i>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Domestic</i>	
	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) <i>Indiana</i>		
FATHER	13. NAME <i>William Carr</i>	
	14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <i>Indiana</i>	
MOTHER	15. MAIDEN NAME <i>✓</i>	
	16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <i>✓</i>	
17. INFORMANT (ADDRESS) <i>V. A. Bailey</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Grand Island Neb.</i> DATE <i>Nov. 7th 1937</i>		
19. UNDERTAKER (ADDRESS) <i>Welling Bros.</i>		
20. FILED <i>Nov 4</i> 19 <i>Mrs. Clara J. Harwood</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 3rd 1937*

I HEREBY CERTIFY, That I attended deceased from *Nov. 3rd 1937*, to *Nov. 3rd 1937*.

I last saw *her* alive on *Nov. 3rd 1937*. Death is said to have occurred on the date stated above, at *4 P.M.*

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

Date of onset

Other contributory causes of importance:
Angina pectoris

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.

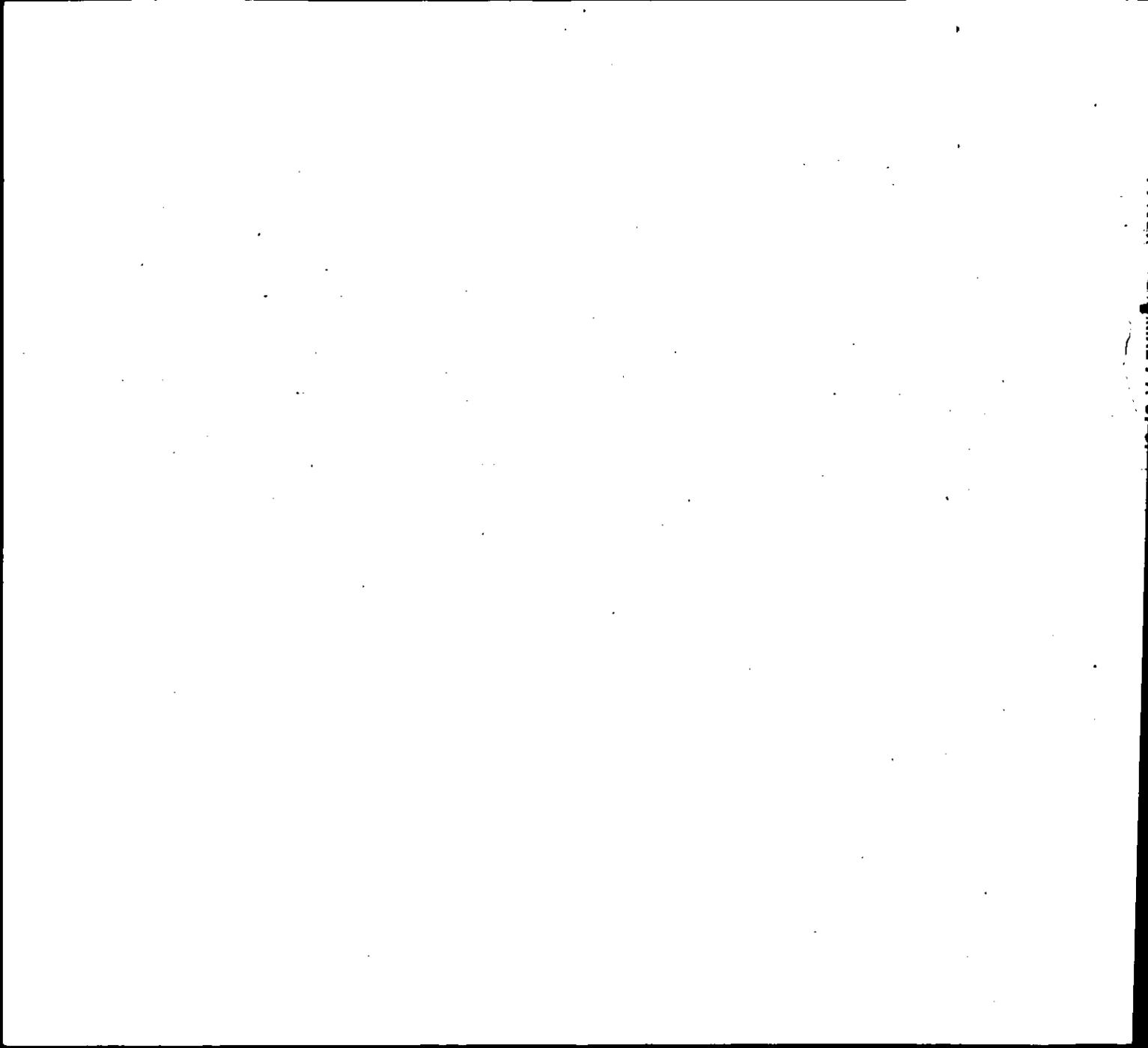
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Samuel R. Sherwood*, M. D.
(Signed) *Samuel R. Sherwood*
(Address) *Montrose, 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.

THIS IS A PERMANENT RECORD



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

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5-41390

SUPPLEMENT

1. PLACE OF DEATH

County Henry Registration District No. _____
 Township Springwater Primary Registration District No. _____
 City Montrose, Mo. (No. _____) St. _____ (Ward) _____

File No. _____
 Registered No. _____

2. FULL NAME

Marie Bailey
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13 - 1848</u>		
7. AGE	YEARS	MONTHS
	<u>90</u>	<u>89</u>
		DAYS
		<u>22</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>Domestic</u>	
	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) <u>Indiana</u>		
FATHER	13. NAME <u>Wm. Carr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>U</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U</u>	
17. INFORMANT (ADDRESS) <u>V. W. Bailey</u> <u>Montrose, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACED <u>Grand Island, Mo.</u> DATE <u>Nov 7</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Wellington Bros</u> <u>Montrose, Mo.</u>		
20. FILED <u>NOV 9 1937</u> <u>D. H. [Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 3 1937 to Nov 3 1937.
 I last saw her alive on Nov 3 1937. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis.
Angina Pectoris.
 Other contributory causes of importance:
None

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) Samuel A. Howard M. D.
 (Address) Montrose, 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.

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