

DEC 20 1937

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

Do not use this space.

41563

1. PLACE OF DEATH

County GasperRegistration District No. 411 1

File No.

Township GopherPrimary Registration District No. 2002

Registered No.

City Gopher (No. 1306, Iowa)

St. Ward)

2. FULL NAME

(a) Residence, No. 1306 Iowa St., Gopher Ward. (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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Gasper

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

Nov 4-1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3737-28

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)

Neosho Mo

13. NAME

Ben Laster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Barry Co Mo

15. MAIDEN NAME

Effie Cooper

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

Neosho Mo

17. INFORMANT

(ADDRESS)

Jessie Collins
1306 Iowa

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

11-3-37

19. UNDERTAKER

(ADDRESS)

W. L. Wilbur
Gopher Mo

20. FILED

11-2-37 Ed D. James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-37, 19

I HEREBY CERTIFY, That I attended deceased from

Oct 28 1937 to Nov 1-37, 19I last saw her alive on Nov 1-37, 19 Death is saidto have occurred on the date stated above, at 10 m.

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

Date of onset

PulmonaryTuberculosis

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

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) W. L. Wilbur, M. D.(Address) Gopher 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.

