

DEC 2 11937

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

Do not use this space.

41735

1. PLACE OF DEATH

County Lower MeruRegistration District No. 468

File No.

Township

Primary Registration District No. 4281Registered No. 26City Marysville (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. St. 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe R. Maples6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 18907. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 11 188. 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) Lower Meru Mo13. NAME Clarence Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Madia Gene White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Kansas17. INFORMANT (ADDRESS) E. O. Maples, Marysville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill Mo DATE Nov 29 193719. UNDERTAKER (ADDRESS) Method Funeral Home, Marysville Mo20. FILED Dec 10 1937 Laura O. Connors Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 193722. I HEREBY CERTIFY, That I attended deceased from Nov 25 1937 to Nov 27 1937I last saw her alive on Nov 27 1937. Death is said to have occurred on the date stated above, at 11 A: m.

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

Chronic Parenchymatous nephritis

Date of onset

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? No

If so, specify

(Signed) Wayne W. Warren M. D.(Address) Suburban, 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.

