

DEC 2 11937

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
Township Madison
City Madison (No. State Sanatorium)

Registration District No. 470
Primary Registration District No. 15623

File No. 41747
Registered No. 119
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Route 1 St. _____ Ward. Fredericktown MO
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 21 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1920

7. AGE YEARS 17 MONTHS 1 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) March 1936 Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

13. NAME Daniel M. Thayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

15. MAIDEN NAME Victoria King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

17. INFORMANT (ADDRESS) Dr. J. M. Hayes Health

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown MO DATE Nov 24 1937

19. UNDERTAKER (ADDRESS) Fossitt & Co. 37P Vernon, Mo

20. FILED Nov 26 1937 A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1926 to Nov 24 1937. I last saw her alive on Nov 23 1937. Death is said to have occurred on the date stated above, at 8:10 a.m.

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

Pneumonia
Subelevation
Date of onset 2/36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) Chas. J. Greener M. D. (Address) Fredericktown

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.

WHITE PLAINLY, WITH USUALLY INK IN THIS IS A PERMANENT RECORD

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