

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

Do not use this space.

DEC 23 1937

41973

1. PLACE OF DEATH

County New Madrid Registration District No. 605
 Township Cous Primary Registration District No. 4359
 City Passau (No.) St. Ward

2. FULL NAME

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 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)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jacobler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 10 unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping
 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) Kentucky

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Ellen Huggins

18. BURIAL, CREMATION, OR REMOVAL PLACE Keene DATE Sept 30 1937

19. UNDERTAKER (ADDRESS) Walter B. ...

20. FILED 11/15 1937 Dr. Crowfoot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1937 to Sept 29 1937
 I last saw her alive on Sept 29 1937. Death is said to have occurred on the date stated above, at 4:00 P. a.m.
 The principal cause of death and related causes of importance were as follows:

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

Cerebral hemorrhage
 Other contributory causes of importance:
22

Name of operation Date of
 What test confirmed diagnosis? Chinial as 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?
 If so, specify
 (Signed) R. M. Crowfoot, M. D.
 (Address) Parma

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.

