

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Atchison
Township
City Rockport (No.)

Registration District No. 19
Primary Registration District No. 4113

File No. 44520
Registered No. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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) Grant, Virginia

13. NAME William Jones

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

15. MAIDEN NAME Camache Carter

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

17. INFORMANT (ADDRESS) Earl McDonald, Rockport, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chunhill DATE Dec 22 1937

19. UNDERTAKER (ADDRESS) J. B. Bertram

20. FILED 12-20-1937 Mary H. Chamberlain Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw deceased on Dec 20 1937 Death is said to have occurred on the date stated above, at 7 P. M.

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

accidental death caused by being hit by car while crossing street of Rockport, Mo.

Other contributory causes of importance: None

Name of operation NO Date of

What test confirmed diagnosis? Clinical 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 Dec 20, 1937

Where did injury occur? Rockport, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by automobile

Nature of injury fracture of cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Geo. Reuter Harrison M. D.

(Address) Chunhill, Rockport, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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