

JAN 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township

Primary Registration District No. 3007

City Paplar Bluff (No. _____)

File No. 44852
Registered No. 2779
St. _____ Ward _____

2. FULL NAME Honey Heyward Christmas

(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 M 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 Nora A. Christmas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 5 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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) Warren Co., Ind.

13. NAME William Christmas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Isabelle Heyward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Ruby Christmas Pucisco Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pucisco Mo DATE Dec 7 37

19. UNDERTAKER (ADDRESS) Hickman White Store Pucisco Mo

20. FILED 12/8 37 Chattanooga Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 5:00 PM 37, to Dec 5 8:00 PM 37

I last saw him alive on Dec 3 1937. Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Generalized Acute Peritonitis
Ruptured appendix

Date of onset 12-1-37
11-30-37

Other contributory causes of importance: _____

Name of operation Appendectomy Date of 12-5-37

What test confirmed diagnosis? Clinical 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) H.M. Henrichsen, M. D.

(Address) Paplar Bluff Mo
by C. F. Brantner M.D.
Paplar Bluff 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.

