

JAN 17 1938

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

Do not use this space.

Dr Ziegler

45169

1. PLACE OF DEATH

County *Cooper*

Registration District No. *218*

Township *Boonville*

Primary Registration District No. *3015*

City *Boonville* (No. _____)

St. _____ Ward _____

2. FULL NAME *Mrs Hattie L. Profitt*

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown</i>		
7. AGE	YEARS	MONTHS
<i>about 78 years.</i>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>		
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) <i>Missouri</i>		
13. NAME <i>Manner Duren</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
15. MAIDEN NAME <i>Samantha Austin</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
17. INFORMANT (ADDRESS) <i>Mrs W. H. Pendleton Boonville, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Kansas City Mo.</i> DATE <i>Dec 18 1937</i>		
19. UNDERTAKER (ADDRESS) <i>Goodman & Baller Boonville Mo</i>		
20. FILED <i>Dec 17 1937</i> <i>H. Cooper</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-17 1937*

22. I HEREBY CERTIFY, That I attended deceased from *December 13 1937* to *Dec 17 1937*

I last saw her alive on *Dec 16 1937*. Death is said to have occurred on the date stated above, at *7:30 a.m.*

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

Hypo-static Pneumonia

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? *clin* 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) *W. H. Ziegler*, M. D.

(Address) *Boonville, 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.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

45-169 Do not use this space.

1. PLACE OF DEATH: County Cooper, Registration District No. 218, Township, Primary Registration District No. 3015, City Bronnells, (d) Street No., Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. 2. PRINT FULL NAME: Katie D. Profitt, Residence, No., (Usual place of abode, if no street address, write county or city) St., (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS: 3. SEX 7, 4. COLOR OR RACE W, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid, 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) all 78 years, 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min., 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc., 9. Industry or business in which work was done, as 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), 13. NAME, 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY), 15. MAIDEN NAME, 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY), 17. INFORMANT (ADDRESS), 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19. FUNERAL DIRECTOR (ADDRESS), 20. FILED 2/24/1938 W.H. Ziegler Local Registrar.

MEDICAL CERTIFICATE OF DEATH: 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-37, 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19..., I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows: Nupt. Static Pneumonia Broncho-Pneumonia Date of onset, Other contributory causes of importance: 1072, 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, 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) W.H. Ziegler, M. D. (Address) Bronnells Mo

SUPPLEMENTARY

