

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

Do not use this space.

1. PLACE OF DEATH

25 County Christian
Township Shoals
City (No. _____) _____

Registration District No. 204
Primary Registration District No. 5282

File No. 2470
Registered No. 2

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Grant Seiver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 12

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

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) Caldwell Co Mo.

13. NAME John C. Divonia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Sarah M. Robertson

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

17. INFORMANT (ADDRESS) Grant Seiver Cameron

18. BURIAL, CREMATION, OR REMOVAL Stagland Co

PLACE Cameron DATE Jan 9 1938

19. UNDERTAKER (ADDRESS) Ed Moore Cameron, Mo

20. FILED Jan 8 1938 A. C. Risley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937, to Jan 7, 1938.

I last saw him alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 10:45 AM PM. The principal cause of death and related causes of importance were as follows:

Influenza

RECEIVED

FEB 23 1938

Name of operation _____ Date of _____

What disease or condition was present? no 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) James M. D.

(Address) 312 N. Main Cameron, 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.

