

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

Do not use this space.

3618

1. PLACE OF DEATH

County Oregon Registration District No. 634
Township Robert Primary Registration District No. 5837
City Robert, Mo (No. _____) St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>FE</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-17-1860</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to 7-14, 1937
I last saw h. & e. alive on 7/13, 1937 Death is said to have occurred on the date stated above, at 3d. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
2/12/27

Other contributory causes of importance:
arteriosclerosis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boehling Co. Mo</u>
	13. NAME <u>unk</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u> <u>31</u>
	15. MAIDEN NAME <u>11</u> <u>31</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u>
17. INFORMANT <u>Edward Lewis</u> (ADDRESS) <u>Robert, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Tru</u> DATE <u>7-25-37</u>	
19. UNDERTAKER (ADDRESS) <u>Robinson Mortuary</u> <u>West, Mo</u>	
20. FILED <u>1</u> 19 <u>Ellen Smart</u> Registrar. <u>564</u>	

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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 P. D. Gunn (Signed) _____, M. D.
(Address) West, Mo
P. D. Gunn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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