

REC'D MAR 4 1938

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

Do not use this space

5896

1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 3001City Kirkville

(No. _____)

St. _____

Ward _____

2. FULL NAME Virgie Ethel Still 340(a) Residence No. 1800 E. Normal

(Usual place of abode)

St. _____

Ward _____

(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

Glössern Still

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

Feb. 15, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

481127

OCCUPATION

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) Feb. 7, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

CainsvilleMo

MOTHER FATHER

13. NAME

Vince Harper

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

Virginia

15. MAIDEN NAME

Amanda Hutchinson

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

Unknown

17. INFORMANT (ADDRESS)

Kirkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cainsville, Mo.DATE 2/10/38

19. UNDERTAKER (ADDRESS)

Davis Funeral HomeKirkville, Mo.

20. FILED

Feb. 8, 1938Spencer L. Freeman
Registrar

(Signed)

L. D. Davis D.O., S.
(Address) Kirkville, Mo. Canon

MEDICAL CERTIFICATE OF DEATH

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

2-7-1938

22. I HEREBY CERTIFY, That I attended deceased from

Death on arrival, 19...
I last saw h..... alive on....., 19..... Death is saidto have occurred on the date stated above, at 5 P. m.

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

Date of onset

Bullet fired from 37 caliber revolver - entered head above right ear.

Other contributory causes of importance:

167-

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? Accident Date of injury 2-7, 1938Where did injury occur? Kirkville, Mo.

(Specify city or town, county, and State)

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

in home.

Manner of injury.....

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed)

L. D. Davis D.O., S.
(Address) Kirkville, Mo. Canon

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.

APR 18 1947