

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

Do not use this space.

7609

File No. _____
 Registered No. One St. _____ Ward _____

REC'D MAR 22 1938
 74
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1. PLACE OF DEATH

County Hodgkinson
 Township _____
 City Grifford (No. _____)

Registration District No. 623
 Primary Registration District No. 4374

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <u>William Diggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 1855</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>3</u>
		DAYS
		<u>29</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Feb 7, 1938. I last saw her alive on Feb 7, 1938. Death is said to have occurred on the date stated above, at 6:25 a.m.

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

Valvular Heart Disease

A2b

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co, Indiana

FATHER 13. NAME Richard Lucas

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

MOTHER 15. MAIDEN NAME Do not know

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

17. INFORMANT (ADDRESS) Harve Diggs, Starbuck Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolton Mo. DATE Feb 9, 1938

19. UNDERTAKER (ADDRESS) C. C. Reynolds, Grifford Mo.

20. FILED Feb 8, 1938 J. M. McBlanchard Registrar.

Name of operation _____ Date of _____

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?

If so, specify _____

(Signed) J. M. McBlanchard, M. D.

(Address) Grifford Mo.

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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.

