

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

Do not use this space.

80 BEG'D MAR 23 1938

1. PLACE OF DEATH

County Celtes
 Township Blackwater
 City..... (No.....)..... (No.....)..... Ward.....

Registration District No. 112
 Primary Registration District No. 5236

File No. 7740
 Registered No. 1

2. FULL NAME

(a) Residence, No. 7 La Monte St., 652 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathan J. French

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-22-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>9</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Ky

13. NAME George W. Free

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

15. MAIDEN NAME Elizabeth Bobbitt

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

17. INFORMANT (ADDRESS) Mrs Edith Collins La Monte R. Pant

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 2-18 1938

19. UNDERTAKER (ADDRESS) B. J. Carter La Monte Mo

20. FILED Feb 17 1938 Thomas S. Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1938, to Feb 16 1938

I last saw her alive on 2-15 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Apoplexy Date of onset 2-2-38

Other contributory causes of importance: Age

Name of operation..... Date of.....
 What test confirmed diagnosis? Usual 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. Walker M. D.
La Monte Mo (Address)

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.

