

REC'D APR 19 1938

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

Do not use this space.

10822
52

1. PLACE OF DEATH
County Green Registration District No. 321
Township Clay Primary Registration District No. 5444
City (No. _____) _____ St. _____ (Ward _____)

2. FULL NAME Rebecca Denise McDaniel 235
(a) Residence, No. Rogersville, Mo. R.R. 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

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 Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper
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) Missouri

MOTHER
13. NAME Samuel Hooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Willie McDaniel
(ADDRESS) Rogersville Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dodson DATE Mar. 11 1938

19. UNDERTAKER T. B. Chaffin
(ADDRESS) Clark Mo.

20. FILED April 11 1938 Mrs. Pearl Hughes Mitchell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1938, to Mar 9 1938
I last saw her alive on Feb. 8 1938. Death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:
Hypertension of Heart
Chronic Schist. P.
Hypertension, Arteriosclerosis
Date of onset _____

Other contributory causes of importance: 95 B2 -

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? _____ 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) J. H. Kaffan, M. D.
(Address) Clark 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.

