

REC'D MAY 18 1938

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

Do not use this space.

14700

## 1. PLACE OF DEATH

 County Greene Registration District No. 325  
 Township Walnut Grove Primary Registration District No. 5450  
 City Walnut Grove (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

 File No. \_\_\_\_\_  
 Registered No. XXVIII

## 2. FULL NAME

 (a) Residence, No. Walnut Grove St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

 Length of residence in city or town where death occurred 6 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 13 1938
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russell M. Vest

 22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1938, to Apr 13, 1938

 I last saw her alive on Apr 13, 1938. Death is said to have occurred on the date stated above, at 120 P. m.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1898

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

 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min. 40 11
Embolism Date of onset \_\_\_\_\_

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
Was feeling fine a few moments before death

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

 Other contributory causes of importance: Operation for
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Missouri
Operation for apical actis Pap 2nd also removal of tubercularies
13. NAME J. B. Lowery
 Name of operation \_\_\_\_\_ Date of Apr 22
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 What test confirmed diagnosis red smudges Was there an autopsy? no
15. MAIDEN NAME Amanda Hayes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Russell M. Vest (ADDRESS) Walnut Grove Mo

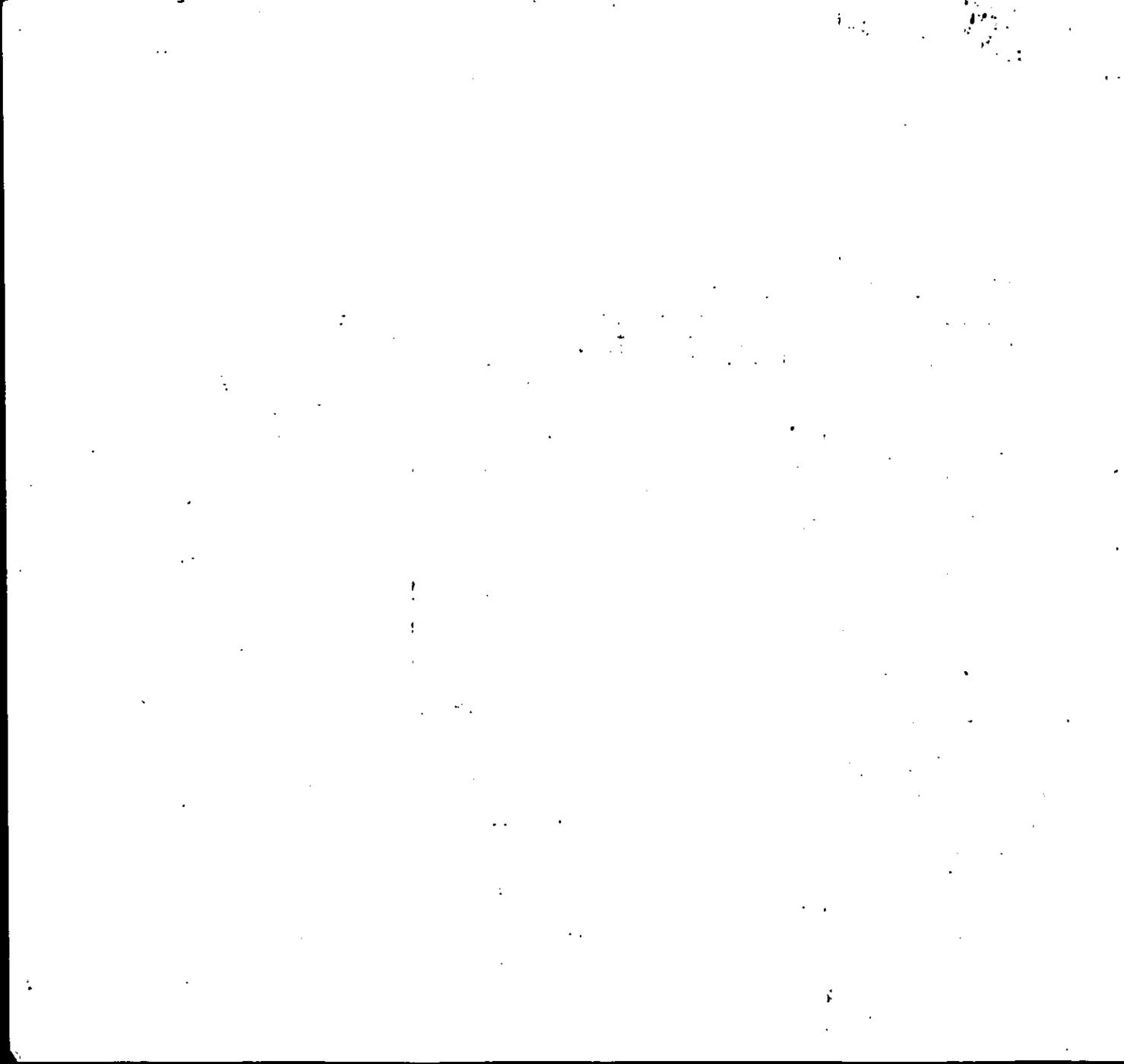
Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek Cemetery DATE April 15 1938

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

19. UNDERTAKER Brian Funeral Home (ADDRESS) Walnut Grove Mo.
 If so, specify Yes (Signed) J. J. Searles, M. D.
20. FILED April 14, 1938 Etta B. McElm Registrar
 (Address) Walnut Grove, Mo.

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



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

14700  
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1. PLACE OF DEATH

(a) County Greene Registration District No. 324  
(b) Township Walnut Grove Primary Registration District No. 545-0  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ruth West

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
40 - 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

FATHER  
13. NAME J. B. Lowery  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER  
15. MAIDEN NAME Amanda Hayes  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED April 11, 1939 Chas. McClure Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on ..... 19. Death is said to have occurred on the date stated above, at ..... m.

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

Date of onset

Other contributory causes of importance:

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?

If so, specify. (Signed) J. G. Barber, M. D.

(Address) Walnut Grove, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CROSS OF DEATH IN plain terms, so that it may be properly classified. Exact statement of occurrence is very important.

