

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D JUN 17 1938

18927

1. PLACE OF DEATH

County Montgomery
 Township Prairie
 City Middletown (No. _____)

Registration District No. 591
 Primary Registration District No. 4249

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

2. FULL NAME Mary Jane Angel

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 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 John Samuel Angel
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
 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) Louisiana
 (STATE OR COUNTRY) Missouri

13. NAME Giles Early
Virginia

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

15. MAIDEN NAME Mary Jane Of
Missouri

17. INFORMANT Mrs. Jasper Woodson
 (ADDRESS) Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Middletown Cem DATE April 16th 1938

19. UNDERTAKER Jones & Wells
 (ADDRESS) Middletown, Missouri

20. FILED April 16, 1938 Hub Ritz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 11th, 1938, to Apr 15th, 1938.

I last saw him alive on Apr 15th, 1938. Death is said to have occurred on the date stated above, at 5:21 p.m.

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

Date of onset

Influenza
Chronic Myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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) A. H. H. H. M. D.
 (Address) Middletown, Mo.

