

REC'D JUN 1 1938

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Union
City Union (No. 1)

Registration District No. 693
Primary Registration District No. 5920

File No. 19249
Registered No. 160
St. Union Ward 1

2. FULL NAME

(a) Residence, No. 160 St. Union Ward 1
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-23-1864
7. AGE YEARS 74 MONTHS 3 DAYS 19 If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME Raspberry Nest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Elizabeth Casner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs Ed. Murphy
(ADDRESS) Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smiths Care DATE May 14 1938

19. UNDERTAKER Lucian Parks
(ADDRESS) Seaborn Mo.

20. FILED 6/9 1938 Vivian R. Nash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1938

22. I HEREBY CERTIFY That I attended deceased from May 3 1938 to May 2 1938
I last saw him alive on May 12 1938 Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:

Date of onset Coronary occlusion
9412
Other contributory causes of importance: Senile debility

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) E. C. Hall M. D.
(Address) Smithville 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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.