

REC'D JUN 23 1938

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

Do not use this space.

19356

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>✓</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 10 1874</i>		
7. AGE	YEARS <i>64</i>	MONTHS <i>1</i>
	DAYS <i>19</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Peoria Ill.</i>	
	13. NAME <i>Carle Brindt</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Hannah Moss</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	17. INFORMANT (ADDRESS) <i>Mrs. Harris Coopersville Mo.</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Coopersville</i> DATE <i>May 22 1938</i>		
19. UNDERTAKER (ADDRESS) <i>W. W. Bradley Coopersville Mo.</i>		
20. FILED <i>9/7/38</i> 19 <i>Blairline A. Mosler</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 19 1938*22. I HEREBY CERTIFY, That I attended deceased from *April 30*, 1938, to *May 19*, 1938I last saw her alive on *May 19*, 1938 Death is saidto have occurred on the date stated above, at *1:15 P.M.*

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

Anoxia Dysentery

Date of onset

Jan. 38

Other contributory causes of importance:

*Hypertension**Age*

Name of operation

What test confirmed diagnosis *Anoxia* Date of *Post*
Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *No* 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) *Raymond T. Cooper*, M. D.(Address) *1265 Main St. St. Charles Mo.*

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

