

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

Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH

County Jackson
 Township Independence
 City Independence (No. 638 so. Willis)

Registration District No. 398
 Primary Registration District No. 3019

File No. 25519
 Registered No. 193
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 638 so. Willis 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) widowed

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

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

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1938, to 7-12, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1880

I last saw her alive on 7-12, 1938. Death is said to have occurred on the date stated above, at 12:00 noon

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 1 14

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

Myocarditis Chronic Date of onset 1928

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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

Other contributory causes of importance:
Chronic Hepatitis
Essential Hypertension
Apoplexy (April, 1938)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Harvey Mause

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Mary Elizabeth Curtis

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

17. INFORMANT (ADDRESS) Dr. A. G. Campbell
205 So. Park Prep. Bldg.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Garden DATE July 14, 1938

19. UNDERTAKER (ADDRESS) George C. Carson
Independence Mo.

20. FILED 7-14-38 J. L. Cook Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) J. L. Cook Registrar. 360 (Address) 209 1/2 No. 10th, Indep. 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.

WHILE FILLING IN WITH ANY OTHER INFORMATION THIS IS A PERMANENT RECORD

