

SEP 16 1938

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

Do not use this space.

28449

1. PLACE OF DEATH

County Butler
Township Cash Hill
City (No. 1)

Registration District No. 90
Primary Registration District No. 5734A

File No.
Registered No. 19 St. Ward)

2. FULL NAME Darrah Heath 3071

(a) Residence, No. St. Ward. (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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Heath 1886

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 5 - 1889

7. AGE YEARS 52 MONTHS 7 DAYS 18 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) MO.

FATHER 13. NAME Jessie James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo

MOTHER 15. MAIDEN NAME Winnie Patten

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

17. INFORMANT (ADDRESS) J. S. Alexander

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Hill DATE 8-24 1938

19. UNDERTAKER (ADDRESS) Waverly, Mo

20. FILED 8-24-1938 Waverly, Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug - 22 1938 to Aug 23 1938

I last saw him alive on Aug - 22 1938. Death is said to have occurred on the date stated above, at 8:15 p.m.

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

Apoplexy

Date of onset 8-22-38

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? NO

If so, specify _____

(Signed) A. Ormsby, M. D.

(Address) Waverly, 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.

