

REC'D SEP 1 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Crawford*
Township *Liberty*
City *Leasburg* (No. *28*)

Registration District No. *233*
Primary Registration District No. *5318*

File No. *287327*
Registered No. *317*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. *257*
(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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Zed K. Nixon*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 22, 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 8 29

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) *Leasburg, Mo*

13. NAME *Thomas Cook*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 9*

15. MAIDEN NAME *Mary Lair*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois 1*

17. INFORMANT *Z. K. Nixon* (ADDRESS) *Mt. Leasburg, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cross Roads* DATE *Aug. 23, 1938*

19. UNDERTAKER *Just Waller* (ADDRESS) *Cuba, Mo.*

20. FILED *Sept 2 1938* *W. F. Sturm, Mo.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 21st, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 20*, 19*38*, to *Aug. 21*, 19*38*

I last saw *her* alive on *Aug 20*, 19*38*. Death is said to have occurred on the date stated above, at *5:00 A.M.*

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

Acute Myocarditis
Date of onset _____

Other contributory causes of importance: *92 W*

Name of operation _____ Date of _____

What test confirmed diagnosis *Clinical* 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) *W. F. Sturm*, M. D.

(Address) *Leasburg 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.

