

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

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

Do not use this space.

32351

1. PLACE OF DEATH

County Hopewell County Registration District No. 394
 Township Spring Creek Primary Registration District No. 5329
 City Petersville (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. Petersville 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 20 Aug 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12th 1938 to Sept. 20th 1938.
 I last saw her alive on Sept. 2nd 1938. Death is said to have occurred on the date stated above, at 9th m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 22nd Feb 1914

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23-~~24~~ 8m. 5th

Typhoid. Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elijah

13. NAME Charlie Hensley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elijah Mo

15. MAIDEN NAME Lula Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elijah Mo

17. INFORMANT (ADDRESS) G. A. Hensley, Long

18. BURIAL, CREMATION, OR REMOVAL PLACE Elijah Mo DATE Sept 26th 1938

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____ Registrar. 3:40

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 _____, 1938

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) J. R. Balth, M. D.

(Address) Petersville Mo



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32 357
Do not use this space.

1. PLACE OF DEATH
 (a) County Howell Co Registration District No. 384
 (b) Township Spring Creek Primary Registration District No. 5039
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Delphia Long
 (a) Residence, No. Pattersonville St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 G. Wash Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 22nd Feb 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 23 7 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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) Elizabeth Mo

13. NAME Charlie Hensley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth Mo

15. MAIDEN NAME Lesla Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co Mo

17. INFORMANT (ADDRESS) G. Wash Long Pattersonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elizabeth Mo DATE Sept 26 1938

19. FUNERAL DIRECTOR None (ADDRESS)

20. FILED 11-4 1938 Vida W. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 25th Sept 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1938 to Sept 25th 1938
 I last saw her alive on Sept 25th 1938 Death is said to have occurred on the date stated above, at 9 P. M.
 The principal cause of death and related causes of importance were as follows:
Septic
 Date of onset

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?.....
 If so, specify.....
 (Signed) J. A. Baltz M. D.
 (Address) Pattersonville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

S-32351