

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.

REC'D MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Eden
City Eden (No. 530)

Registration District No. 34
Primary Registration District No. 6239

File No. 5790
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 32 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 F 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-8-1899

7. AGE YEARS 89 MONTHS 9 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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) Fulton Ind

13. NAME James Wheelock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Cynthia Calloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P.R.

17. INFORMANT Moses Smith
(ADDRESS) Eden, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE 2-19-1939

19. UNDERTAKER Barry Funeral Home
(ADDRESS) Eden

20. FILED Feb 19 1939 Mrs. H. P. Seary
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from at times during past 2 or 3 years, 1938
I last saw h. or alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Abolysis infection of Gall bladder. Catarrh of prostate. Trophic & Senility of

Other contributory causes of importance: 95B

Name of operation None Date of _____

What test confirmed diagnosis? Urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1939

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) S. W. Chayld, M. D.

(Address) Constitution - Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-39-225

Date Filed MAR 8 1939