

DEC 17 1939

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

7135

Do not use this space.

1. PLACE OF DEATH

(a) County MadisonRegistration District No. 528

(b) Township

Primary Registration District No. B.028Registered No. 21(c) City Fredericktown

(d) Street No.

(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

(a) Residence, No.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFEnoch Haha

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

Aug. 17 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.5968

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.housewife10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Jacksonville
Illinois

FATHER

13. NAME

Thomas Brown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois

MOTHER

15. MAIDEN NAME

Ragland16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)South Brown17. INFORMANT
(ADDRESS)Enoch Haha
Fredericktown, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fredericktown, Mo. DATE February 26, 193919. FUNERAL DIRECTOR
(ADDRESS)Farmington Undertaking Co.
Farmington, Mo.

20. FILED

Feb 26, 1939 B. C. Slaughter
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb. 25 - 1939

22. I HEREBY CERTIFY that I attended deceased from

Dec 15, 1938, to Feb 20, 1939I last saw her alive on Feb 24, 1939. Death is saidto have occurred on the date stated above, at 9 A. m.

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

Sugar diabetes

Date of onset

Other contributory causes of importance:

Langue

Name of operation

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? no Date of injury ✓, 1939Where 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) B. C. Slaughter, M. D.(Address) Fredericktown, Mo.

