

1939 APR 13 1939

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

Do not use this space.

9888

1. PLACE OF DEATH

County *Atchison* 2 Registration District No. *17*
Township *Clark* Primary Registration District No. *24011*
City *Fairfax, Mo.* (No. *311*) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

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

Length of residence in city or town where death occurred *43* 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *J. J. Outley*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 3-1853*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>85</i>	<i>5</i>	<i>21</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House-wife*

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) *Lockport, N. Y.*

13. NAME *Norman S. York*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Elba, N. Y.*

15. MAIDEN NAME *Abigail Hyde Wright*

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

17. INFORMANT (ADDRESS) *Mrs. F. W. Burrell*

18. BURIAL, CREMATION, OR REINTERMENT (PLACE) (DATE) *Pleasant Ridge, Mar 26, 1939*

19. UNDERTAKER (ADDRESS) *H. N. Schoeder, Fairfax, Mo.*

20. FILED *3/26* 1939 *Hella B. Black* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *31-24* 19*39*

22. I HEREBY CERTIFY, That I attended deceased from *11-15-38* to *3-24* 19*39*

I last saw him alive on *3-24* 19*39* Death is said to have occurred on the date stated above, at *7:30 a.m.*

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset *3-19-39*

Other contributory causes of importance:
Valvular Heart Disease with Myocardial Infarction *Oct-1938*

Name of operation *none* Date of _____

What test confirmed diagnosis? _____ 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) *Queen Hunter*, M. D.
Fairfax Mo. (Address)

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No.

District File No. 39-317

Date Filed

APR 11 1939