

FILED JAN 20 1942

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

Do not use this space.

43228 16

1. PLACE OF DEATH

County WagonRegistration District No. 580Township WalkerPrimary Registration District No. 6168City 1 (No.)St. Ward) 11

2. FULL NAME

(a) Residence, No. 2 Central 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

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF C. M. Seever6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 - 1885

7. AGE

YEARS 56MONTHS XDAYS 11

If LESS than 1 day, hrs. or min.

OCCUPATION

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) ms. C13. NAME Frank Coffman

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Virginia15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa17. INFORMANT C. M. Seever(ADDRESS) Nevada Ave - Rt. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wagon Cem DATE Dec 24 194119. UNDERTAKER Allen V. Hays(ADDRESS) Nevada20. FILED 12-23 1941C. B. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1941

22. I HEREBY CERTIFY, That I attended deceased from

Jan 10 1940, to Dec 23 1941I last saw her alive on Dec 22 1941 Death is saidto have occurred on the date stated above, at 2:40 a.m.

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

Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance:

131a

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

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) C. B. Davis, M. D.(Address) Walker 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.

