

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

Do not use this space

3816

FILED FEB 9 1944

1. PLACE OF DEATH

25 County Oregon Registration District No. 255
Township Rural Johnson Primary Registration District No. 5873
City _____ (No. _____) St. _____ (Ward) _____

File No. _____

Registered No. _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Bookkeeper 10. Date deceased last worked at this occupation (month and year) 12-28-33 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W20

FATHER 13. NAME Bass

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

MOTHER 15. MAIDEN NAME Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Lonc. bur. DATE Dec 29 1944

19. UNDERTAKER (ADDRESS) J. G. Gregory

20. FILED 770 19 44 Thos. M. Wilkerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1942

22. I HEREBY CERTIFY, That I attended deceased from _____, 1934, to Dec. 28, 1942. I last saw her alive on 1938, 19____. Death is said to have occurred on the date stated above, at 6 m. The principal cause of death and related causes of importance were as follows:

Flu
Ulcer of stomach
Other contributory causes of importance: 330
842

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) Arthur Hill, M. D. (Address) Arthur Hill

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 1 100M-3-22-35

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RECEIVED

District Health Officer No. 5,

District File No. 244126

Date Filed 2-9-44