

FILED AUG 14 1947

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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

F

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single 0

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

Never did marry

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

March 25 - 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

68

3

5

OCCUPATION

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

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

House Keeper

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

Halema Mo. 0

FATHER

13. NAME

W. H. May

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

Tenn. 1

MOTHER

15. MAIDEN NAME

Nancy Stockstill

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

Unknown 9

17. INFORMANT (ADDRESS)

Johnnie May
Halema Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Halema Mo. DATE July 1 1947

19. UNDERTAKER (ADDRESS)

Eyreth S. Cheatham
Halema Mo.

20. FILED

July 8 1947 Lena Murray - Reg.
214 Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 30 1947

22. I HEREBY CERTIFY, That I attended deceased from

June 1946, to June 1947

I last saw him alive on 25 June 1947 Death is said

to have occurred on the date stated above, at 1130 E.

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

Arteriosclerosis of the heart

Date of onset

Other contributory causes of importance:

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)

(Address)

, M. D.

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.

RECEIVED
District Health Officer No. 6
DISEASE CONTROL NUMBER 847-822
Date Filed AUG 12 1947

The person whose name appears on the other
side of this certificate was embalmed by me
Everett J. Cheatham
Lic # 3870
Halena, mo.