

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

Do not use this space.

13931

**1. PLACE OF DEATH**

42 County Henny Registration District No. 347  
Township Deeeyllee Primary Registration District No. 5-5-0-1A  
City Coal, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 47

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Hous</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dont know</u>		
7. AGE YEARS <u>About</u>	MONTHS <u>77</u>	YEARS <u>years</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Hous</u>		
10. Date deceased last worked at this occupation (month and year) <u>3/27/31</u>		11. Total time (years) spent in this occupation <u>70</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henny Co Mo</u>		
13. NAME <u>Foster</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>		
15. MAIDEN NAME <u>Dont know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>		
17. INFORMANT (ADDRESS) <u>Ed. C. Peeler Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parks Chapel</u> DATE <u>4/3</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>none</u>		
20. FILED <u>4/2</u> 19 <u>31</u> <u>Ed. C. Peeler</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/2 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/24 1931 to 4/2 1931  
I last saw her alive on 3/29 1931. Death is said to have occurred on the date stated above, at 9 a. m.  
The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia Date of onset 3/28

Other contributory causes of importance:  
Influenza 11 P 107 P

Name of operation None 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 \_\_\_\_\_ 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) Ed. C. Peeler M. D.  
(Address) Clinton 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. APR 23 1931

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

31-21

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