

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

Do not use this space.

24400

**1. PLACE OF DEATH**

County Callaway Registration District No. 109  
Township Central Primary Registration District No. 5122  
City Keokuk (No. 1) St. Keokuk Ward 1

File No. \_\_\_\_\_  
Registered No. 372 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 - 1866</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	If LESS than 1 day, hrs. of <u>17</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year)	
MOTHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	13. NAME <u>Mrs Whitaker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
15. MAIDEN NAME <u>Miss R C Crawford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Mrs R C Crawford</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Union Hill Aug 13</u>		
19. UNDERTAKER (ADDRESS) <u>Wagoner &amp; Gause Jefferson City Mo</u>		
20. FILED <u>Aug 10 1931</u> <u>C. M. Ruck</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1931

22. I HEREBY CERTIFY that I attended deceased from Mar 7 1921 to July 30 1931  
I last saw her alive on July 25 30 1931 Death is said to have occurred on the date stated above, at 10 a.m.  
The principal cause of death and related causes of importance were as follows:  
General Arteriosclerosis Date of onset 1886

Other contributory causes of importance:  
99 97

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) C. M. Ruck, M. D.  
(Address) New Bloomfield 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. AUG 25 1931

