

JUN 19 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15908

44

1. PLACE OF DEATH

County LibertyTownship LibertyCity Liberty (No. 1)Registration District No. 201Primary Registration District No. 5280File No. 15908Registered No. 44St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Liberty

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

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

Married

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

Ralph Tynes

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

Dec. 25-1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

34423

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.

Self

10. Date deceased last worked at this occupation (month and year)

1 mo

11. Total time (years) spent in this occupation

14

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

Anthville, Mo.

13. NAME

Smith Gant

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

Anthville, Mo.

15. MAIDEN NAME

Pearl McGhears

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

Liberty, Mo.

17. INFORMANT (ADDRESS)

Smith Gant Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Liberty, Mo. 5/20/35

19. UNDERTAKER (ADDRESS)

Howard - Arthur Co Liberty, Mo.

20. FILED

5/20/35 8 T Brant

Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from

May 15, 1935 to May 18, 1935I last saw her alive on May 18, 1935 Death is saidto have occurred on the date stated above, at 7th

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

Pulmonary embolism from vegetative valvular disease of heart

Date of onset

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes23. 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)

W. H. Johnson, M. D.

(Address)

Liberty, Mo.

Registrar

8/20/35

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.

