

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

Do not use this space.

6020

1. PLACE OF DEATH

42 County Henry Registration District No. 347
Township Primary Registration District No. 3018
4 City Clinton (No., Ward

File No.
Registered No.
St. Ward)

2. FULL NAME

1 (a) Residence, No. 821 C Lincoln St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 11-27 1936, to 2-20 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1879

I last saw her alive on 2-19 1937 Death is said

7. AGE YEARS 57 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 12:45 am.
The principal cause of death and related causes of importance were as follows:

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

Date of onset 1-10-37

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) Life

Angina Pectoris
Hypertension
Myocarditis (chronic)
Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newman Grove Nebraska

Name of operation Date of

13. NAME Nels Nelson

What test confirmed diagnosis? Was there an autopsy?

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

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)

15. MAIDEN NAME Mavis Stowe

Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Charley King Clinton Mo
(ADDRESS)

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Conglwood DATE 3-20 1937

Nature of injury

19. UNDERTAKER Wm. C. Wilkinson
(ADDRESS) Clinton Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

20. FILED 2-22 1937 J. R. Hampton
Registrar

(Signed) James D. Smith, M. D.
(Address) Clinton Mo

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.

