

MAY 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County HenryRegistration District No. 347Township Clinton moPrimary Registration District No. 3618City Clinton mo (No. \_\_\_\_\_)File No. 16453Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 509 E. Ohio 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Mahan6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 18787. AGE YEARS 59 MONTHS \_\_\_\_\_ DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.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. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marristown Ind13. NAME Jacob Hedrick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marristown Ind15. MAIDEN NAME Sarah Ann Martin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (ADDRESS) Mrs. Lloyd Redd Clinton mo18. BURIAL, CREMATION, OR REMOVAL PLACE Prophets Cem. DATE April 9 193719. UNDERTAKER (ADDRESS) Sparey, Dan20. FILED 4-8 1937 J. R. Hampton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 193722. I HEREBY CERTIFY, That I attended deceased from 9-17 1937 to 5-7 1937I last saw him alive on 4-7 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Date of onset 3-22-37  
Cerebral thrombosis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) James Smith, 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.

Spencer