

REC'D SEP 26 1938

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

Do not use this space.

28701  
25000

File No. \_\_\_\_\_  
Registered No. 267 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Cass Registration District No. 213  
Township Jefferson Primary Registration District No. 3014  
City Jefferson City (No. 906 W. McCarty) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 906 W. McCarty 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. 8 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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/5-1886  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 0 28

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/4 1938  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
only saw her in her death  
that I last saw her alive on \_\_\_\_\_ 1938, and that death occurred, on the date stated above, at \_\_\_\_\_ 3-2 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic valvular heart disease  
(duration) 3 yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) no  
(duration) \_\_\_\_\_ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Highland  
(STATE OR COUNTRY) Howland Mo

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Missouri  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

10. NAME OF FATHER Mr. A. Shord  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hawley Mo  
12. MAIDEN NAME OF MOTHER Douglas Wright  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Hill Cemetery  
DATE OF BURIAL 9/6 1938  
20. UNDERTAKER Fred Co. Thompson  
ADDRESS Madison Mo

14. INFORMANT Mrs. Fred Hallahan  
(Address) \_\_\_\_\_

15. FILED 9/6 1938 subscribed  
REGISTRAR 111

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E.—Every item of information should be carefully supplied. AGE should be stated exactly. \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

