

NOV 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township North
City Illmo (No. 214)

Registration District No. 110-1
Primary Registration District No. 6048

File No. 36962
Registered No. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Achan Misphay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1851
7. AGE YEARS 87 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) McNary Co. / Tenn.

13. NAME Mason

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

15. MAIDEN NAME Patterson

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

17. INFORMANT Mrs. J. E. Barbeau (ADDRESS) Illmo, Mo

18. BURIAL, CREMATION, OR REMOVAL Friend Cem. PLACE Oran Mo DATE 9/26/38

19. UNDERTAKER Bisplinghoff Hubbard (ADDRESS) Illmo Mo

20. FILED 9-26-38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/24/1938

22. I HEREBY CERTIFY, That I attended deceased from 9/22, 1938, to 9/24, 1938.
I last saw her alive on 9/23/38, 1938. Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

myocarditis
shock
senility
Other contributory causes of importance:
Date of onset

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/22/38
Where did injury occur? city (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fell off steps
Nature of injury Broken limbs

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

(Signed) P. E. Sel! M. D.
(Address) Illmo Mo

