

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.

MAR 24 1931

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

Do not use this space.

5290

1. PLACE OF DEATH
 County Henry Registration District No. 349
 Township Febo Primary Registration District No. 3487
 City _____ (No) _____ St. _____ Ward _____

2. FULL NAME Charena Jane Missi
 (a) Residence, No. _____ 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 MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Ch. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>91</u>	<u>11</u>	<u>10</u>	

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 28 1931, to Feb 2nd 1931
 I last saw him alive on Feb 1st 1931 Death is said to have occurred on the date stated above, at 9:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108 108
151
157
 Other contributory causes of importance:
Uraemia, Chronic Intestinal Catarrh, Nephritis
 Date of onset 1/31/31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo

13. NAME William Coppage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo?

15. MAIDEN NAME Nancy Jennings

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

17. INFORMANT Mrs. Cora Craig
 (ADDRESS) Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wagon Grove DATE 2-3 1931

19. UNDERTAKER J. H. Hall
 (ADDRESS) Clinton, Mo

20. FILED Feb 3 1931 Mrs. A. A. Gray
 Registrar.

Name of operation none 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? _____
 If so, specify _____
 (Signed) J. P. Lector D.
 (Address) Clinton, Mo

