

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

Do not use this space.

30534

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township _____ Primary Registration District No. 3006
 City Columbia (No. Canada) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 215 Gordon 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

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) Sept 13 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora L. Canada

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to Sept 13, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1898

I last saw her alive on Sept 12, 1931. Death is said to have occurred on the date stated above, at 8:00 a.m.

7. AGE YEARS 33 MONTHS 0 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

Acute Insanity Date of onset Aug 10

OCCUPATION 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 _____

84 84

Other contributory causes of importance: manicure Aug 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

MOTHER 13. NAME James Moody

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Ky

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER 15. MAIDEN NAME Matie Valentin

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

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

Manner of injury _____
 Nature of injury _____

17. INFORMANT Ora L. Canada (ADDRESS) 215 Gordon St.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia City Sept 14 31

19. UNDERTAKER J. W. Dokes (ADDRESS) Columbia Mo

(Signed) J. W. Barryson, M. D.
 (Address) Columbia Mo

20. FILED 9/14/31 J. C. Suggett Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 22 1931

