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.

MAY 26 1932

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

Do not use this space.

13532

1. PLACE OF DEATH

82 County Pike — Registration District No. 685 — File No. 23

2 Township Calumet — Primary Registration District No. ~~3409~~ 4409 — Registered No. 10

6 City Clarksville (No. ..... St. ..... Ward)

2. FULL NAME Margarett Fawber

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1849

7. AGE: 82 YEARS — MONTHS: 5 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Clarksville Mo 1

FATHER
13. NAME Jas Crow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 28

MOTHER
15. MAIDEN NAME Harriett True
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) W. E. Gray Elsberry

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarksville DATE Apr 10 1932

19. UNDERTAKER (ADDRESS) L H Brown

20. FILED 4-30 1932 W W Treadway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1932, to Apr 8, 1932
I last saw her alive on Apr 8, 1932. Death is said to have occurred on the date stated above, at 1 pm.
The principal cause of death and related causes of importance were as follows:

Cerebrial Hemorage — Date of onset

① [signature]

Other contributory causes of importance:

82A

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

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) [signature], M. D.
(Address) [illegible]