

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

Do not use this space.

26472

1. PLACE OF DEATH

County Jasper
Township Marion
City Carthage (No.)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 1101 Orchard St., Ward.

Length of residence in city or town where death occurred 37 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1859

7. AGE YEARS 73 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

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.

12. BIRTHPLACE (CITY OR TOWN) Scotland County, Georgia (STATE OR COUNTRY)

13. NAME William Hapsworth

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Charlotte Canoyer

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Georgia

17. INFORMANT J. J. Wise (ADDRESS) 1101 Orchard - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Cemetery DATE Aug. 25, 1932

19. UNDERTAKER Knell Mortuary (ADDRESS) Carthage, Missouri

20. FILED Aug 24, 1932 C. H. Hetcham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932, to Aug 28, 1932

I last saw her alive on Aug 21, 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Cerebral Hemorrhage Date of onset 8/20/32

§ 1 (Capillary)

Other contributory causes of importance: 102

Hypertension

Name of operation no Date of no
What test confirmed diagnosis physical 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? no
If so, specify

(Signed) George H. Wood, M. D.
(Address) Carthage, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 23 1932

