

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

AR 29 1933

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.

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

Do not use this space

5587

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township 3<sup>rd</sup> W. Primary Registration District No. 3919  
City Independence (No. 912 So Delaware St. Ward)

File No. \_\_\_\_\_  
Registered No. 71  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 912 So Delaware 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. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 17 - 1861</u>		
7. AGE <u>72</u>	YEARS <u>1</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
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) <u>Rowley Regus England</u>		
13. NAME <u>Thomas Charles</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rowley Regus England</u>		
15. MAIDEN NAME <u>Caroline Woodford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rowley Regus England</u>		
17. INFORMANT (ADDRESS) <u>Charles J. Pringer 912 So Delaware</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Maund Graves Meigs 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Garrison Funeral Home Independence</u>		
20. FILED <u>March 2 1933</u> <u>Dr. F. L. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1933 to Feb 28 1933  
I last saw her alive on Feb 25 1933 Death is said to have occurred on the date stated above, at 11 P.M.  
The principal cause of death and related causes of importance were as follows:  
Acute Cardiac Dilatation  
Malnutrition  
11/8/33  
Other contributory causes of importance:  
Chronic Gastritis with  
Acute Indigestion

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cholera 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) F. L. Cook, M. D.  
(Address) Independence

