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

Do not use this space.

33509

File No.

Registered No.

JAN 4 1934

1. PLACE OF DEATH
5 County Johnson
6 Township
7 City Warrensburg (No. St. Ward)

Registration District No. 431
Primary Registration District No. 3023

2. FULL NAME Mrs Virginia Officer
(a) Residence, No. 614 So Maguire St., Ward.
(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.
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 2 - 1853

7. AGE: YEARS 80 MONTHS 9 DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER
13. NAME: Watson Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs A. M. Cayton, Warrensburg - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Oct - 14 1933

19. UNDERTAKER (ADDRESS): Sweeney - Phillips, Warrensburg - Mo.

20. FILED Oct 14 1933 Wm R Patterson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 13 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Oct 12, 1933
I last saw h. ls alive on Oct 12, 1933. Death is said to have occurred on the date stated above, at 3:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
age Arteriosclerosis,	
94	
97	
162	

94

Other contributory causes of importance: Coronary Occlusion

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) L J Schofield, M. D.
(Address) Warrensburg Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2