

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.

AUG 13 1934

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

Do not use this space.

23461

1. PLACE OF DEATH

County Caldwell  
Township Rockford  
City (No. ....) (St. ....) (Ward)

Registration District No. 99  
Primary Registration District No. 5147

File No. ....  
Registered No. ....

2. FULL NAME

Julia Catharin Teagarden

(a) Residence No. .... 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) Moses Teagarden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20. 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
75 8 11

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. Housewife  
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) Ray Co. Mo.

FATHER 13. NAME Jacob Albright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

MOTHER 15. MAIDEN NAME Anna Daily

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT (ADDRESS) Mrs. F. D. Fowler  
Palo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Teagarden Cem. DATE 8-1 1934

19. UNDERTAKER (ADDRESS) Alspaugh & Cowley  
Palo Mo.

20. FILED 8-10 1934 Mrs. Wylie Thompson  
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1934 to 7-31 1934

I last saw him alive on 7-28 1934 Death is said

to have occurred on the date stated above, at 1 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7-28-34

Other contributory causes of importance:  
Hypertension & arteriosclerosis  
of long standing

Name of operation none Date of .....  
What test confirmed diagnosis? Chromal 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 no

(Signed) E. W. Weber M. D.  
(Address) Palo Mo.

