

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.

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

Do not use this space.

DEC 17 1934

1. PLACE OF DEATH

County Jasper
Township Weston
City Jasper Mo (No. _____)

Registration District No. 410
Primary Registration District No. 4243

File No. 39753
Registered No. 22
St. _____ Ward _____

2. FULL NAME

(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 43 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>J. K. Wells</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 1866</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>			
	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) <u>Indiana</u>				
FATHER	13. NAME <u>Unknown Shepard</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
MOTHER	15. MAIDEN NAME <u>Unknown Day</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
17. INFORMANT (ADDRESS) <u>Teeter Bros Jasper Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jasper Masonic Cem</u> DATE <u>Nov 23 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Teeter Bros Jasper Mo</u>				
20. FILED <u>12/10</u> 19 <u>34</u> <u>Mrs. Clara J. Holmes</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21 — , 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-1 — , 1931, to Nov — , 1934

I last saw her alive on 11-21 — , 1934 Death is said to have occurred on the date stated above, at 5-40 — 2 — m.

The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease Date of onset _____

Other contributory causes of importance: _____

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? No
If so, specify _____

(Signed) W. H. Knott, M. D.
(Address) Jasper, Mo.

