

JUL 1 1935

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

Do not use this space.

13720

1. PLACE OF DEATH

County Newton Registration District No. 609
Township Neesho Primary Registration District No. 4363
City Neesho (No.) St. Ward ()

File No. 189
Registered No.

2. FULL NAME

(a) Residence, No. Sale Hospital St. Ward. Granby Mo
(Usual place of abode) (If nonresident, give city of town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 or wife of) Claude Munn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 5 6

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. Housewife

10. Date deceased last worked at this occupation (month and year) April 17 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Mo

13. NAME William Sather

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Artie Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Claude Munn

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Mo DATE 4/27 35

19. UNDERTAKER (ADDRESS) James Nutman

20. FILED 4/24/35 Quardale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22 35

22. I HEREBY CERTIFY, That I attended deceased from 4/14 35 to 4/22 35
I last saw him alive on 4/22 35 Death is said to have occurred on the date stated above, at 9:30 pm
The principal cause of death and related causes of importance were as follows:

Acute Nephrosia

Other contributory cause of importance Child birth with placenta previa followed by short chain infection

Name of operation None Date of
What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Quardale, M. D.
(Address) Neesho Mo

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.

WHITE CERTIFICATE, WITH OUTFOLDING TAB—THIS IS A PERMANENT RECORD

