

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

Do not use this space.

20088

**1. PLACE OF DEATH**

County Jasper  
Township Marion  
City Carchage

Registration District No. 408  
Primary Registration District No. 3020

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

**2. FULL NAME**

(a) Residence, No. 717 So. Main Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter De Groot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1856

7. AGE YEARS 79 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Housewife  
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) Decatur Co. Ind.  
(STATE OR COUNTRY)

13. NAME Gouche Herrick

14. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Wise

16. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

17. INFORMANT Sarah Hubbard  
(ADDRESS) Carchage Mo.

18. BURIAL, CREMATION, OR REMOVAL R.R. Luther Okla. DATE June 7, 1935

19. UNDERTAKER Elmer - Drake  
(ADDRESS) Carchage Mo.

20. FILED June 7, 1935 L. B. Clinton  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1935 to June 5, 1935

I last saw her alive on June 1, 1935 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Date of onset

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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. B. Clinton \_\_\_\_\_, M. D.

(Address) Marion 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.

