

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.

SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Agaw  
City General Deep (No. 1002)

Registration District No. 1002  
Primary Registration District No. 1002

File No. 31190  
Registered No. 1002 (Ward)

2. FULL NAME

(a) Residence, No. 1620 Harrison 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Ms.

13. NAME Record Clerk

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 8/27/36

19. UNDERTAKER (ADDRESS) Nathins Bros 1727 Cedar

20. FILED 8-27-36 M M Crowe, emb Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1936 to 8-22, 1936  
I last saw her alive on 8-22, 1936 Death is said to have occurred on the date stated above, at 9:50 P.M.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Nephritis with Hypertension  
Other contributory causes of importance: Cerebral Hemorrhage

Name of operation Date of operation  
What test confirmed diagnosis? Was there an autopsy? Yes

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) J. J. Burns, M.D. (Address) General Deep #2

