

NOV 16 1936

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

Do not use this space.

37801

1. PLACE OF DEATH

County Jackson
Township Wagon Wheel
City 121 E. 4th (No. 3323)

Registration District No. 399
Primary Registration District No. 1002

File No. 4656
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3323 Indiana 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 9 7

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. _____

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) Mo

13. NAME Alexander Denton

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

15. MAIDEN NAME Elizabeth Bryant

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

17. INFORMANT R. J. Burge (ADDRESS) 3323 Indiana

18. BURIAL, CREMATION, OR REMOVAL Wellington Mo. DATE Oct 28, 1936

19. UNDERTAKER Rose E. Henderson (ADDRESS) 121 E. 4th

20. FILED Oct 22, 1936 M. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936 to Oct 21, 1936

If last saw her... alive on Oct 19, 1936 Death is said to have occurred on the date stated above, at 6 P.M.

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

Carcinoma of Rectum

44

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) Paul A. Johnson, M. D.

(Address) 920 New 9th

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.

WHILE LAINET WITH CERTIFICATE I X7044

