

JAN 23 1937

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

Do not use this space.

2642

1. PLACE OF DEATH

84 County Polk
Township Benton
City Hartsville (No. 2)

Registration District No. 705

File No. _____

Primary Registration District No. 5934

Registered No. 13

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 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 John K Derry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 - 1865

7. AGE YEARS 71 MONTHS _____ DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. 235

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

12. BIRTHPLACE (CITY OR TOWN) Brandy Co (STATE OR COUNTRY) Mo

MOTHER 13. NAME Frank Hobbs

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) _____

15. MAIDEN NAME Amanda Harris

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Roy Pond Hartsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Doyle DATE Jan 7 1937

19. UNDERTAKER (ADDRESS) Hitchison Blue Bolivia Mo

20. FILED 1-9 1927 May Gamel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1937 to 1-4 1937
I last saw h. alive on 1-2 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Coronary atherosclerosis

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? _____

If so, specify _____

(Signed) [Signature] M. D.

(Address) Hartsville Mo

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.

