

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

Do not use this space.

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1. PLACE OF DEATH

County Madaway 74
Towship Hopkins
City Hopkins Mo.

Registration District No. 624
Primary Registration District No. 4375

File No. _____
Registered No. 6
St. _____ Ward _____

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 10 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>59</u>	<u>59</u>	<u>7</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as splaner, 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) Hopkins Mo

13. NAME Frank M. Hirschman

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

15. MAIDEN NAME Sarah Elizabeth Hirschman

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

17. INFORMANT W. S. Ringold (ADDRESS) Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins Mo DATE 3/20 1937

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Marquette Mo

20. FILED 3/29 1937 O. H. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 1937, to 3/27, 1937

I last saw her alive on 3/27, 1937 Death is said to have occurred on the date stated above, at 11:10 P m.

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

lobar pneumonia (Date of onset 3/18/37)

Other contributory causes of importance: 105

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 _____, 1937

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) C. W. Taylor M. D.
(Address) Hopkins 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.

