

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Wollaway
Township Grant
City Barland Mo. (No. _____)

Registration District No. 617
Primary Registration District No. 5819

File No. 17109
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Barland #13 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
66 66 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Barland Missouri

13. NAME Nicholas Hill

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

15. MAIDEN NAME Bohanan

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

17. INFORMANT Sherman Pope
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barland Mo. DATE April 27 1937

19. UNDERTAKER Connelly Funeral Home
(ADDRESS) Marionville Missouri

20. FILED 4/27 1937 Chas. D. Humber Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1937, to Apr 25 1937
I last saw her alive on Apr 24 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: Hypertension

Name of operation none 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) Wm. Boyles M. D.
(Address) Conception Junction

