

MAY 31 1937

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

112 County Webster
Township Osborne
City 3 (No.)

Registration District No. 896
Primary Registration District No. 6198

File No. 17889
Registered No. 20
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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>59</u>	<u>2</u>	<u>16</u>	

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

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) Mich

13. NAME T. H. Wolcott

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

15. MAIDEN NAME Mary Sprague

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

17. INFORMANT (ADDRESS) Roy Wolcott

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield DATE Feb 19 37

19. UNDERTAKER (ADDRESS) McMurray Funeral Home

20. FILED Apr 15 1937 Elyshill Highfire Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1937

22. I HEREBY CERTIFY, That I attended deceased from on March 17 1937, to _____, 19____.

I last saw h.l.m. alive on March 17 1937 Death is said to have occurred on the date stated above, at 3:40 P. m.

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

Cerebral Hemorrhage Date of onset 3/17/37
(Left Hemiplegia)
Spontaneous

Other contributory causes of importance: Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) C. R. Macdonald, M. D.
(Address) Marshfield

