

JUN 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Summit  
City Montrose (No. Harwood Hospital)

Registration District No. 352

Primary Registration District No. 5493

File No. 20175

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Montrose, Mo. R.R. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 11 mos. 12 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1937 19

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

22. I HEREBY CERTIFY, That I attended deceased from March 26th 1937 to April 3rd 1937 19

I last saw her alive on May 3rd 1937 Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Ulcerative Endocarditis

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21st 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
25 ~~26~~ 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home wife  
10. Date deceased last worked at this occupation (month and year) March 1937 11. Total time (years) spent in this occupation

Other contributory causes of importance:

acute appendicitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Mo. R.R. Mo.

Name of operation appendectomy Date of 3/26/37

What test confirmed diagnosis? Was there an autopsy?

MOTHER FATHER 13. NAME Frank Max Noll

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

MOTHER 15. MAIDEN NAME Julia Goltz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Mo. R.R.

17. INFORMANT (ADDRESS) Frank Max Noll  
Montrose, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Germantown Cem. DATE May 5th 1937

19. UNDERTAKER (ADDRESS) Thelling Bros.  
Montrose, Mo.

20. FILED May 3rd 1937 Mrs. Elara T. Harwood Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

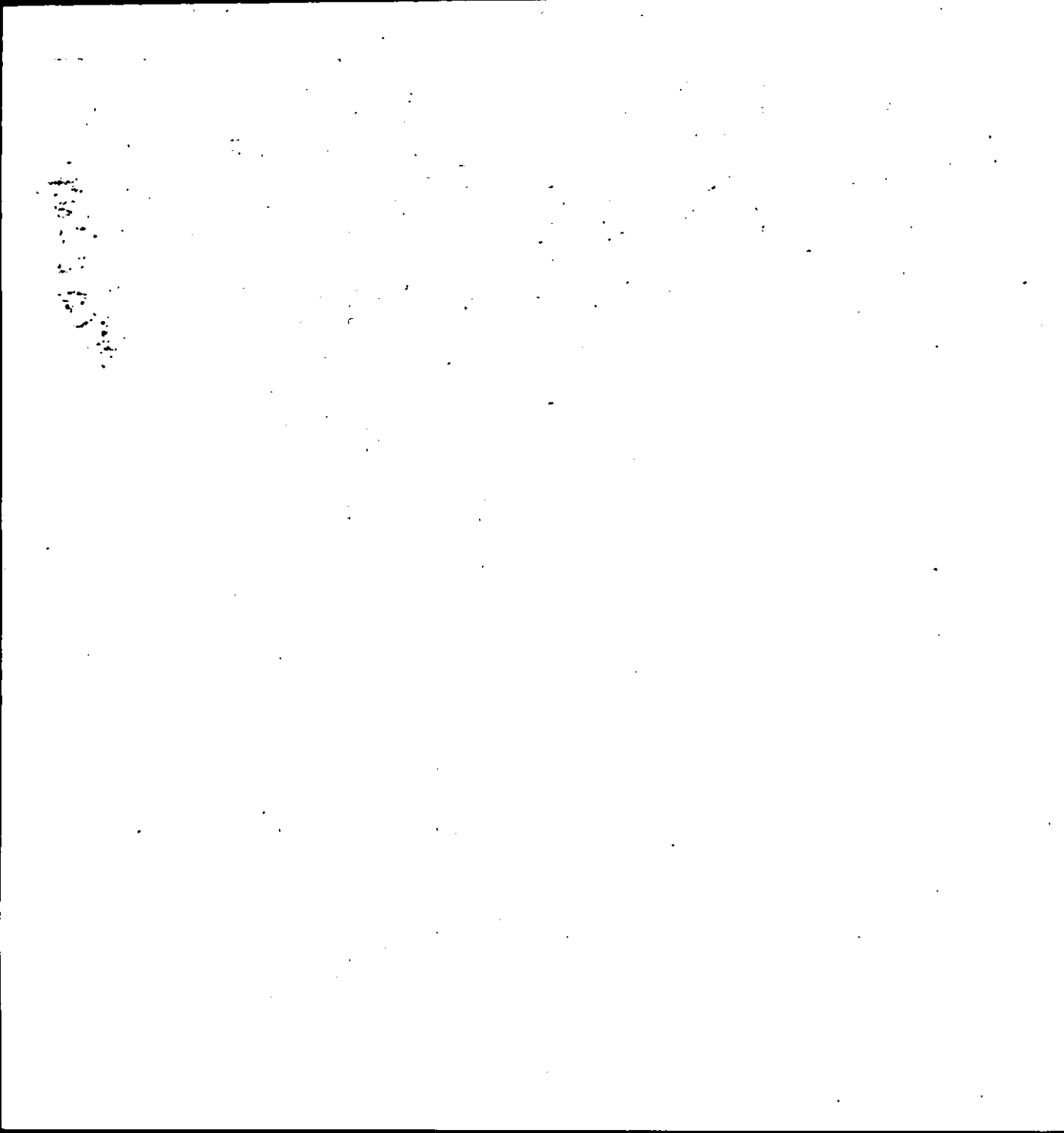
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Samuel R. Barwood, M. D.  
(Signed) Montrose, Mo.  
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Henry Registration District No. 35-2  
Township Deepwater Primary Registration District No. 5493  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 20175-  
Registered No. \_\_\_\_\_

**2. FULL NAME** Margaret Hane  
(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** F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** m  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 21 - 1911  
**7. AGE** YEARS 28 MONTHS 11 DAYS 12  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**  
**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)**

**FATHER**  
**13. NAME**

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

**MOTHER**  
**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

**19. UNDERTAKER (ADDRESS)**

**20. FILED** May 3 - 1957 Mrs. Clara T. Harwood  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 3, 1957

**22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.**  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

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) Samuel R. Harwood M. D.  
(Address) Montreal, Ind.

**SUPPLEMENTARY**

S-20175