

DEC 17 1937

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

Do not use this space.

41387

File No. _____
Registered No. 282

1. PLACE OF DEATH

County Henry Registration District No. 345
Township Osage Primary Registration District No. 5486
City _____ (No. _____) 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 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Milton Cline</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 - 1882</u>		
7. AGE <u>55</u>	YEARS <u>5</u>	MONTHS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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) <u>1936</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Creighton, Mo.</u>		
13. NAME <u>William T. Page</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Creighton, Mo.</u>		
15. MAIDEN NAME <u>Martha E. Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thayer, Iowa</u>		
17. INFORMANT (ADDRESS) <u>Milton Cline, Brownington, Mo. R. R.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary Co. Dec. 12, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>C. A. Rickett, Brownington, Mo.</u>		
20. FILED <u>Dec. 12, 1937</u> <u>C. D. Taylor</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 11, 193722. I HEREBY CERTIFY, that I attended deceased from June 17, 1935, to Dec 11, 1937

I last saw him alive on Oct 30, 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:

Mitral Incompetency
Date of onset 1935

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) C. D. Taylor, M. D.(Address) Brownington, 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.

DEPARTMENT RECORD

