

REC'D MAR 15 1938

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

Do not use this space.

6381

File No. 2.
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
19 County Cass Registration District No. 148
2 Township _____ Primary Registration District No. 4082
City Beltan (No. _____) St. _____ Ward _____

2. FULL NAME Jessie Mary George 620
(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 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 E. K. George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 2

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

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) Beltan Mo.13. NAME J. N. Garnett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Armede Scott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT A. K. George
(ADDRESS) Grandview Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Beltan Mo. DATE 3/2 193819. UNDERTAKER E. K. George & Sons
(ADDRESS) Beltan Mo.20. FILED 3-3 1938 R. M. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28 193822. I HEREBY CERTIFY, That I attended deceased from 11-10 1936, to 2-28 1938I last saw her alive on 2-28 1938. Death is said to have occurred on the date stated above, at 10:05 a.m.

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

Coronary OcclusionDate of onset
2-3-38

Other contributory causes of importance:

Hypertension for 10 years

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) R. M. Miller, M. D.(Address) Beltan Mo.

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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.

