

REC'D MAR 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Sullivan

Registration District No.

853

File No.

8366

Township

Liberty

Primary Registration District No.

6117

Registered No.

4

City

Osgood

(No.

St.

Ward)

2. FULL NAME

Mrs. Catharine Ada Fairley 640

(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

Mr. Fairley

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

Mar 13 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73

11

18

OCCUPATION

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

housewife

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)

Merced Co. Mo. 0

MOTHER FATHER 13. NAME

J. C. Bondurant 9

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

U.S.A. 9

15. MAIDEN NAME

Nancy Bennett

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

U.S.A.

17. INFORMANT (ADDRESS)

J. R. Fairley Osgood Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Albany Cemetery

DATE Feb 25 1938

19. UNDERTAKER (ADDRESS)

W. B. Reynolds & Son Salt Mo

20. FILED

Feb 26 1938 Mrs. Ruth Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1938

22. I HEREBY CERTIFY, That I attended deceased from

3-13-1937 to 2-27-1938

I last saw him alive on 2-15-1938. Death is said

to have occurred on the date stated above, at 1:30 A. M.

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

Organic Heart Disease (Mitral regurg.)

Date of onset

?

1

Other contributory causes of importance:

Eggs

6 mos

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

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? NO

If so, specify

(Signed) W. C. Weston, M. D.

768 (Address) Galt, 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.

WHILE TAKING WITH OUTWARD THIS IS A PERMANENT RECORD

