

NOV 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Charlton Registration District No. 76 A
Township _____ Primary Registration District No. 44.55
City Wentzville No. _____ St. _____ Ward _____

File No. 36658
Registered No. _____

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 73 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Richard J. Jurek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 - 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Wentzville Mo.

FATHER
13. NAME Isaac Morton

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

MOTHER
15. MAIDEN NAME Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Virginia

17. INFORMANT (ADDRESS) John Summers Wentzville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Mo. DATE Oct 9 1938

19. UNDERTAKER (ADDRESS) T. C. Higgins Wentzville Mo.

20. Oct 13 / 38 Yvonne S. Feris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 7:00, 1938, to October, 1938
I last saw her alive on 10/6 1938. Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:
Bacterial Endocarditis Date of onset ?
myocardial degeneration

Other contributory causes of importance: Senility

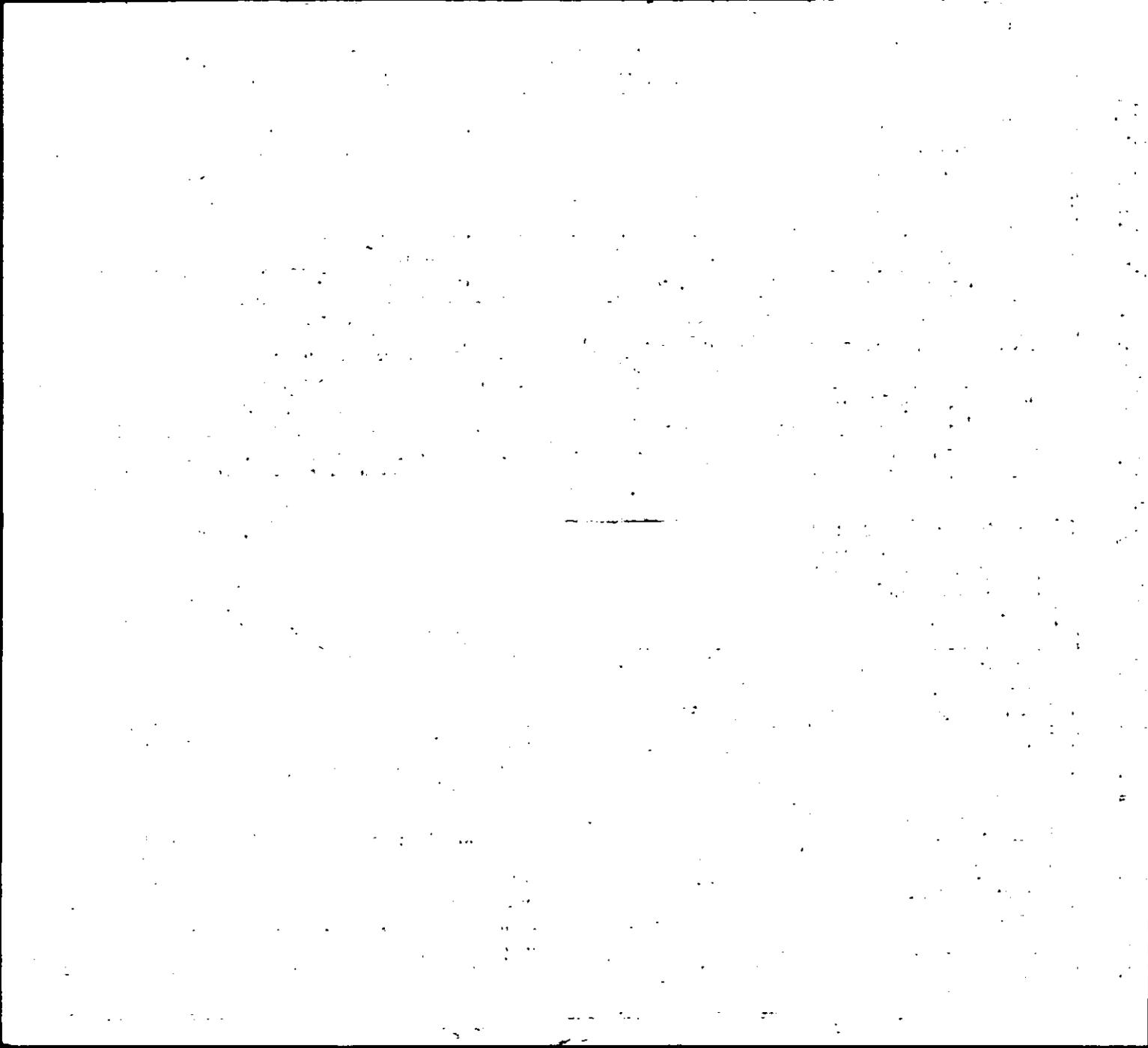
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. C. McMurphy M. D.
Address Wentzville

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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

36658

Do not use this space.

1. PLACE OF DEATH
- (a) County St Charles Registration District No. 760 A
- (b) Township Wentzville Primary Registration District No. 4453- Registered No. _____
- (c) City Wentzville (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
- (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Eliza Simms
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid (write the word)
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Richard Spencey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 73 MONTHS — DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 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) H C Mc Murrary, M. D.
(Address) Wentzville

OCCUPATION

FATHER

MOTHER

17. INFORMANT (ADDRESS) John Simms
Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Oct 13, 38 Gertrude S. Feristler Local Registrar.

Supplementary

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

