

DEC 1 JAN 20 1938

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

Do not use this space.

42108

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township

Primary Registration District No. 3001

City Kirksville (No. 1)

File No. _____

Registered No. 229

St. _____ Ward _____

2. FULL NAME Charlotte M. Dean

(a) Residence, No. 504 S. Ely 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture

10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK Pa.

13. NAME George L. Coffin

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

15. MAIDEN NAME Synthia Tompkins

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

17. INFORMANT (ADDRESS) Mrs Bessie Green, 804 S. Ely

18. BURIAL, CREMATION, OR REMOVAL PLACE Cater Memorial DATE 12/8/38

19. UNDERTAKER (ADDRESS) Davis Funeral Home, Kirksville, Mo.

20. FILED Dec. 13, 1938 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935 to Dec. 6, 1938. I last saw him alive on Dec. 6, 1938. Death is said to have occurred on the date stated above, at 10 P. m.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance:

Arterial Hypertension
Arthritis

Name of operation none Date of _____

What test confirmed diagnosis? Chemical 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? _____

If so, specify Geo. F. Sured, M. D. (Signed) _____

(Address) Kirksville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-821

Date Filed 1/16/39