

FILED OCT 10 1940

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

Do not use this space.

32820

1. PLACE OF DEATH

County PettisRegistration District No. 668Township MadisonPrimary Registration District No. 9032City Madison Mo (No. Boonville Hosp.)File No. _____
Registered No. 316 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wheatland Spd.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20, 1868</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wife</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) _____
11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME —16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —17. INFORMANT Mo W. C. Wiser
(ADDRESS) Madison Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE burial DATE 9/26 194019. UNDERTAKER Wheatland Mo
(ADDRESS) Wheatland Mo20. FILED 9-28 1940 Wm Harry Sneed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23 194022. I HEREBY CERTIFY, That I attended deceased from Sept 15 1940, to Sept. 23 1940I last saw her alive on Sept 22 1940 Death is saidto have occurred on the date stated above, at 12:42 m.

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

Chronic paratyphoid fever
Chronic endocarditisType of death
131
2400
1940

Other contributory causes of importance:

venous anginaName of operation none Date of noneWhat test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 19____Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) Chas. C. Wiser M. D.(Address) Madison 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.

RECEIVED
District Health Officer No. 8,
District File Number 18-11-470
Date Filed

This body was embalmed by me

J. H. Luster

2982

Wheatland W.