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

Do not use this space.

20286

V 608

1. PLACE OF DEATH

73 County _Newton_

Township _Benton_

City _Stella_ (No. ....) St. ....Ward)

Registration District No. _608_

Primary Registration District No. _6264_

File No. ....

Registered No. _13_

2. FULL NAME _Julia McPherson_

(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 _20_ 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) _Single_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _June 3. 1911_

7. AGE YEARS _21_ MONTHS _0_ DAYS _6_ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Nurse_ 217

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

10. Date deceased last worked at this occupation (month and year) _March 1932_

11. Total time (years) spent in this occupation _3_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Missouri_

FATHER

13. NAME _Robert McPherson_

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

MOTHER

15. MAIDEN NAME _Lena Anderson_

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

17. INFORMANT (ADDRESS) _L. H. McPherson, Clifton Okla_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Matadora_ DATE _Aug 10_ 193_

19. UNDERTAKER (ADDRESS) _Belk Funeral Home, Wheaton Mo_

20. FILED _Aug 12_ 1932 _C. N. Parmell_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) .... , 19 ....

22. I HEREBY CERTIFY, That I attended deceased from _March 2_, 1932, to _June 9_, 19_32_

I last saw h__ alive on _June 9_, 19_32_ Death is said to have occurred on the date stated above, at _9.5_ m.

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

Pulmonary Tuberculosis Date of onset _1/1/28_

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? _No_

If so, specify ....

(Signed) _O. Cardwell_ , M.D.

(Address) _Stella Mo._

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County _Newton_

Township _Benton_

City _____ (No _____ , _____ St. _____ Ward)

Registration District No. _608_

Primary Registration District No. _6264_

File No. _____

Registered No. _13_

2. FULL NAME _Julia McPherson_

(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 _7_

4. COLOR OR RACE _W_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

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

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 ___

19. UNDERTAKER (ADDRESS)

FILED _Sept. 14, 19__ L. R. Pannell_ X _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _June 9th, 1932_

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) _____ , M. D.

(Address) _____

(Left margin, vertical text:) ‘H in plain ter ___ .it may be properly classified. ___ RS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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