

AUG 22 1935

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

Do not use this space.

25325

1. PLACE OF DEATH

County StoddardRegistration District No. 840Township Rock CreekPrimary Registration District No. 6102

City

(No. _____)

St. _____ Ward _____

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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Denney6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25, 18777. AGE YEARS 58 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.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) Clay Co, Ind13. NAME Henry Bolick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina15. MAIDEN NAME Marcha Reed16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo17. INFORMANT Charley Denney
(ADDRESS) R#1 Puxis Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Puxis Mo DATE July 30, 193519. UNDERTAKER Hickman White Star Co
(ADDRESS) Puxis Mo20. FILED 7/28 35 Verona B. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1935

I HEREBY CERTIFY That I attended deceased from

June 1, 1935 to July 28, 1935I last saw her alive on July 7, 1935 Death is saidto have occurred on the date stated above, at 5:15 p.m.

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

Chronic Myocarditisand atherosclerosis

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) E. P. Johnson, M. D.(Address) Puxis 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.

