

DEC 18 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

42841

## 1. PLACE OF DEATH

County CooperRegistration District No. 218

Township

Primary Registration District No. 3015

City

Brownville Mo. Alex Van Ravenswaay Clinic

File No.

Registered No. 111

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

Female

## 4. COLOR OR RACE

negro

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

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFArthur Mason

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

Mar. 21-1866

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.72817

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Home wife9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Cooper, Mo.

FATHER

## 13. NAME

Robinson14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)unknown

MOTHER

## 15. MAIDEN NAME

unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

## 17. INFORMANT

(ADDRESS)

Lora Jackson  
California Mo. R.F.D.

## 18. BURIAL, CREMATION OR REMOVAL

PLACE

DATE

City Cemetery Dec. 7 1938

## 19. UNDERTAKER

(ADDRESS)

L.D. Hardiman  
Jefferson City, Mo.

## 20. FILED

Dec 1938Cooper

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5- 193822. I HEREBY CERTIFY, That I attended deceased from  
11-15- 1938, to 12-5- 1938I last saw her alive on 12-4- 1938. Death is saidto have occurred on the date stated above, at 12:45 pm.

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

Date of onset

Diabetes Mellitus  
Diabetic gangrene of foot 1936

Other contributory causes of importance:

Insulin shock 51 12-4-38Name of operation amputation leg. Date of 11-19-38What test confirmed diagnosis? glucose Was there an autopsy? No23. 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)

Hubert H. Wells M. D.

(Address)

Brownville, 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  
Date Filed 11/3/39