

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

Do not use this space.

1. PLACE OF DEATH

68 County Monitane  
1 Township Walker  
0 City California (No. 240)

Registration District No. 571  
Primary Registration District No. 4235

File No. 3476  
Registered No. 5  
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 240 St. Mo. Ward 1  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvin Russell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1894  
7. AGE YEARS 83 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H wif  
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) Monitane Co Mo

13. NAME Jeremiah Stark

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

15. MAIDEN NAME Betty Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitane Co Mo

17. INFORMANT (ADDRESS) Mrs Leona Heysel California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City of DATE 1-29-1938

19. UNDERTAKER (ADDRESS) W. L. Hume & Son, Inc. California Mo

20. FILED 1-28-1938 H. H. Robey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1938, to Jan 26 1938

I last saw her alive on Jan 26 1938 Death is said

to have occurred on the date stated above, at 3:15 A.M.

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

Lobar Pneumonia. Date of onset 1-24-38

Other contributory causes of importance: none so far as I know.

Name of operation none Date of 108

What test confirmed diagnosis? Clinical 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? no

If so, specify E. A. Fidds M. D.

(Signed) E. A. Fidds (Address) California

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RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH