

APR 22 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Morgan  
Township Mill Creek  
City (No. ....) .....

Registration District No. 953  
Primary Registration District No. 5792B

File No. 6931  
Registered No. 2  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862

7. AGE YEARS 74 MONTHS ..... DAYS ..... If LESS than 1 day, ..... hrs. or ..... min.

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

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) Morgan Co. Mo.

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Mariah Marshall

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

17. INFORMANT Mrs. Louis Baker  
(ADDRESS) Fortuna Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem Natun DATE Feb 9 1936

19. UNDERTAKER W. F. Tidwell  
(ADDRESS) Versailles Mo.

20. FILED Feb 6 1936 J. L. Cooper  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-1936

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 .....

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

Found dead in bed but Date of onset

was known to have

Angina Pectoris unknown

Other contributory causes of importance:

Age-arteriosclerosis

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? no

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

Accident, suicide, or homicide? .....

Date of injury .....

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) W. G. Sumner Conrad M. D.

(Address) Versailles 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.

