

REC'D APR 21 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County *Moniteau*Township *Willsboro*City *Dipton* (No. \_\_\_\_\_)Registration District No. *575*Primary Registration District No. *4339*File No. *11511*

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>James Bull</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 21-1862</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>3</i>
	DAYS <i>12</i>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</i>
	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) *Dalton Ohio* |13. NAME *Joseph M. Fadden* |14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio* |15. MAIDEN NAME *Sara Arnold*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*17. INFORMANT *Anna Bull*  
(ADDRESS) *Dipton Mo.*18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Catholic cemetery* DATE *3-5-1938*19. UNDERTAKER *Louis E. Schmoff*  
(ADDRESS) *Dipton Mo.*20. FILED *3-14-38* 19 *38* *Mrs Sarah Fry*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-3-1938*

22. I HEREBY CERTIFY, That I attended deceased from

*2-26-1935*, to *3-3-1938*I last saw her alive on *3-3-38*, 19..... Death is saidto have occurred on the date stated above, at *8:45 P.m.*

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

*Chronic Interstitial Nephritis*

Date of onset

Other contributory causes of importance:

*Arteriosclerosis*

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) *J. B. Norman*, M. D.(Address) *Dipton, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-3-33

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