

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.

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

Do not use this space.

2403

1. PLACE OF DEATH

68 County Monticau
1 Township Walker
2 City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 6 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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Zero Cloud</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24/1844</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>5</u>	DAYS <u>27</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Ired</u>		
FATHER	13. NAME <u>Pearce</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ired</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ired</u>	
17. INFORMANT <u>James Cloud</u> (ADDRESS) <u>California mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cem</u> DATE <u>1/23</u> 19 <u>33</u>		
19. UNDERTAKER <u>William & Fred Meyer</u> (ADDRESS) <u>California mo</u>		
20. FILED <u>1-22</u> 19 <u>33</u> <u>J. N. Roth</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-17- 1933 to 1-21- 1933

I last saw her alive on 1-21- 1933 Death is said

to have occurred on the date stated above, at 10 P. m.

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

Arterio Sclerosis
92A
97
92W
Other contributory causes of importance:
Chronic Chronic Valvular
Heart-trouble
Date of onset

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?

If so, specify
(Signed) H. R. Pope M. D.
(Address) California mo

