

FEB 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2206

1. PLACE OF DEATH

County Montana
 Township Walden
 City California (No. St. Ward)

Registration District No. 571Primary Registration District No. 4335

File No.

Registered No. 814

2. FULL NAME

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 2 20

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
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.13. NAME James H. Dappington14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co.15. MAIDEN NAME Susan Wood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co.17. INFORMANT (ADDRESS) F. L. Fulk18. BURIAL, CREMATION, OR REMOVAL PLACE Mosbuck Ave. DATE 1/8 193519. UNDERTAKER (ADDRESS) William T. Treadmeyer20. FILED A-7 1935 W. R. Pope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 193622. I HEREBY CERTIFY That I attended deceased from Dec 26 1935 to Jan 6 1936I last saw her alive on Jan 6 1936 Death is said to 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:

Injury to right leg in fall. No fracture. Date of onset 12/6/35
140

Other contributory causes of importance: Hypostatic pneumonia 1-3-36Name of operation Date of
 What test confirmed diagnosis? Chemical 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? California Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
Tell see bed room floor.Manner of injury FallNature of injury Contusion right hip & thigh24. Was disease or injury in any way related to occupation of deceased? noIf so, specify. (Signed) Edgar A. Fulk M. D.(Address) California Mo.

