

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.

13303

1. PLACE OF DEATH

68 County *Montrou Co*
Township *Pilot Grove*
City *Latham* (No.)

Registration District No. *517*
Primary Registration District No. *5-775-*

File No.
Registered No. *8*
St. Ward)

2. FULL NAME

(a) Residence, No. *Latham MO* 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J A Scott*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 29 - 1857*

7. AGE YEARS *74* MONTHS *17* DAYS *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) *High Point* (STATE OR COUNTRY) *Montrou Co MO*

13. NAME *J A Latham*

14. BIRTHPLACE (CITY OR TOWN) *Virginia* (STATE OR COUNTRY) *?*

15. MAIDEN NAME *Sarah Dunlap*

16. BIRTHPLACE (CITY OR TOWN) *Louisiana* (STATE OR COUNTRY) *?*

17. INFORMANT *Martha M Robertson* (ADDRESS) *Latham MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Latham Cemetery* DATE *Apr 20* 19*32*

19. UNDERTAKER *William & Fredmeyer* (ADDRESS) *Latham MO*

20. FILED *Apr 20* 19*32* *J M Robertson* Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 19* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *2 years* 19*30* to *in all 2 years* 19*32*. I last saw h. f. alive on *April 19* 19*32*. Death is said to have occurred on the date stated above, at *1:30 am*. The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset *unknown*
23A 23

Other contributory causes of importance:

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 M Robertson*, M. D.
(Address) *Latham MO*

