

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

Do not use this space.

17140

1. PLACE OF DEATH

County Gasper Registration District No. 411
Township Gasper Primary Registration District No. 2992
City Gasper (No. Freeman Hospital)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2326 Sky St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1883
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. l
10. Date deceased last worked at this occupation (month and year) l 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherokee Co. Kansas

13. NAME John Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Johns

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

17. INFORMANT Mr Ed Purkett
(ADDRESS) Gasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE York Mem DATE May 8 34

19. UNDERTAKER (ADDRESS) Sanford Mortuary Gasper, Mo.

20. FILED 5-8 1934 Red B. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5 5:30 P.M. 1934 to May 5 5:30 P.M. 1934

I last saw her alive on May 4, 1934. Death is said to have occurred on the date stated above, at 5:40 P.M.

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

Coronary Thrombosis Date of onset 927
928 929
Chronic Valvular heart
for 11 years

Other contributory causes of importance:

Chronic Valvular heart
for 11 years

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 _____, 1934

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) Joy E Myers, M. D.
(Address) 708 T. S. Bldg

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.

JUN 22 1934

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