

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.

REC'D JUL 11 1938

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

Do not use this space.

21233

94

1. PLACE OF DEATH

County Audrain
Township Salt River
City Mexico Mo

Registration District No. 26
Primary Registration District No. 3002

File No. 94
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2 Close Viola Everts Ward. 163
(Usual place of abode) Ladonna Mo R.F.D. (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 widow (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hendrick Levi Everts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
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) 1937 11. Total time (years) spent in this occupation. 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

13. NAME William Goodell

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Mr. Walter Everts
Ladonna Mo

18. BURIAL (CREMATION) OR REMOVAL PLACE Little by B. P. Co. DATE June 30 38

19. UNDERTAKER (ADDRESS) H. G. Trainger
Ladonna Mo

20. FILED June 25 1938 Blanche Keely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to June 28, 1938

I last saw her alive on June 27, 1938. Death is said to have occurred on the date stated above, at 9 P. a. m.

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

Fracture of neck of left femur Date of onset 5-24-38
1938

Other contributory causes of importance:

Arteriosclerosis,

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-24-1938

Where did injury occur? Ladonna Mo. R.F.D. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

At her home. She fell out of chair.

Manner of injury Fell from chair.

Nature of injury Fracture of neck of left femur

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) W. K. McCall / M. D.

(Address) Ladonna Mo.

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