

APR 16 1936

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

Do not use this space.

5143

1. PLACE OF DEATH

County ClintonRegistration District No. 207

Township

Primary Registration District No. 4125City Plattsburg Mo (No.)File No. 25Registered No. 0

St. Ward)

2. FULL NAME

(a) 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 86 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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. Massie6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 18967. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 yrs 2 mos 19 ds8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
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) Clinton Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Sarah Hale16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Miss Georgia Massie
Plattsburg Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo DATE Feb-6 193619. UNDERTAKER (ADDRESS) S. J. W. ...
Plattsburg Mo20. FILED 76 1936 C. W. ...
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 - 193622. I HEREBY CERTIFY, That I attended deceased from Nov 24 1935 to Feb 5 1936I last saw him alive on Feb 4 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Angina Pectoris

Date of onset

11-9-35Other contributory causes of importance:
Arterio Sclerosis
do not know

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 injury24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) P. M. ..., M. D.(Address) Plattsburg Mo

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.

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