

JUN 19 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15825

1. PLACE OF DEATH *Connel*
 County..... Registration District No. *137*
 Township..... Primary Registration District No. *4077*
 City..... St. Ward)
 2. FULL NAME *Thra Elisabeth Palmer*
 (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 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 *Wht* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May-13, 1852*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 0 9

8. 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.
 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) *Louisville Ky.*

13. NAME *Mrs. Williams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do Not Know*

15. MAIDEN NAME *Do Not Know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do Not Know*

17. INFORMANT (ADDRESS) *Mrs. Daisy Dandworth*
Hale Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Holy Cemetery* DATE *May 23, 1935*

19. UNDERTAKER (ADDRESS) *Wm. C. Slater*
Hale Mo.

20. FILED *5-21*, 1935 *W. C. Slater*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22*, 1935

22. I HEREBY CERTIFY, That I attended deceased from *May 21*, 1935, to *May 22*, 1935.

I last saw him alive on *May 21*, 1935. Death is said to have occurred on the date stated above, at *4 A. M.*
 The principal cause of death and related causes of importance were as follows:

apoplexy
(hemorrhage of brain)

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) *W. C. Slater*, M. D.

(Address) *Hale 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.

