

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

Do not use this space.

17162

1. PLACE OF DEATH

89 County Ray
2 Township Hardin
3 City Hardin No. _____ St. _____ Ward)

Registration District No. 740
Primary Registration District No. 4442

File No. 10
Registered No. _____

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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16th 1841</u>				
7. AGE	YEARS <u>91</u>	MONTHS <u>2</u>	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	10. Date deceased last worked at this occupation (month and year) <u>✓</u> 11. Total time (years) spent in this occupation <u>✓</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Ohio</u>				
FATHER	13. NAME <u>Henry Paul</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Eliza Ann Carlisle</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT (ADDRESS) <u>Mrs. G. W. Walker, Hardin Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>South Cem.</u> DATE <u>5-12</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>G. W. Walker, Hardin Mo.</u>				
20. FILED <u>May 11/32</u> 19 <u>32</u> <u>H. A. Willyford</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3 1932 to May 10 1932

I last saw her alive on May 10 1932 Death is said to have occurred on the date stated above, at 5 P. m.

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

Influenza

115 113

Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

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) Marion Rennie M. D.

(Address) Hardin, 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.

WRITE PERFECTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 24 1932

