

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 26 1931

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

Do not use this space.

39967

1. PLACE OF DEATH

County Washington
Township Buxton
City (No. _____) _____

Registration District No. 887
Primary Registration District No. 6179

File No. _____
Registered No. 68 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Kean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
54? ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) St. Francis Co. Mo.

13. NAME Andy Clemmens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co.

15. MAIDEN NAME Vivie Pitchett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co. Mo.

17. INFORMANT (ADDRESS) John Revel
Missouri at Point mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tomb Creek DATE 11-3 1931

19. UNDERTAKER (ADDRESS) J. B. BOYER & SON

20. FILED 11-3 1931 POTOSI, MO.
Jos. L. Thurman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1931 to Nov 2 1931.

I last saw her alive on Oct. 15 1931. Death is said to have occurred on the date stated above, at 4 P. m.

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

myocarditis
chronic

Other contributory causes of importance: 930

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 _____, 1931

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) W. C. Russell, M. D.

(Address) Potosi Mo

