

NOV 23 1938

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

Do not use this space.

36317

1. PLACE OF DEATH

County Montrou
Township Madison
City 100 Mary Catherine (No. _____) St. _____ Ward _____

Registration District No. 076
Primary Registration District No. 07780

File No. _____
Registered No. 41

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 <u>Female</u>	4. COLOR OR RACE <u>X</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Taylor Jobe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1 - 1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>8</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation <u>0</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montrou Co 9</u>		
13. NAME <u>Eduard Doggett</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>		
15. MAIDEN NAME <u>Maluida Eads</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>		
17. INFORMANT (ADDRESS) <u>Mrs Chas Hair High Point</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Point</u> DATE <u>10/11</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>Hillman & Friedmeyer California</u>		
20. FILED <u>10-14</u> 19 <u>38</u> <u>John P. Hillman</u> Registrar. <u>5</u> (Address)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 10 1938

22. I HEREBY CERTIFY, That I attended deceased from 6 - 22 - 1932 to 10 - 10 - 1938
I last saw her alive on 2 - 20 - 1935. Death is said to have occurred on the date stated above, at 44 m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset _____

Other contributory causes of importance:
Age

Name of operation None Date of _____
What test confirmed diagnosis? Chloro 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) H. P. Pope, M. D.
Chas. Hair

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.



