

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.

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

Do not use this space.

19259

## 1. PLACE OF DEATH

County ColeRegistration District No. 213Township JeffersonPrimary Registration District No. 3014City Jefferson (No. 1)St. Jefferson Ward 180

## 2. FULL NAME

(a) Residence, No. Jefferson City St. Jefferson 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Henrice

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

7. AGE YEARS 67 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.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) Russellville, Mo13. NAME John Amos14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Mo15. MAIDEN NAME Mary C. Phoades16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Mo17. INFORMANT (ADDRESS) Henry Henrice18. BURIAL, CREMATION, OR REMOVAL PLACE Russellville, Mo June 6, 193519. UNDERTAKER (ADDRESS) Buescher Funeral Home 429 E. Capital Ave.20. FILED 5/5/35, 19 Jefferson M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 193522. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934 to June 1935I last saw her alive on June 1935. Death is said to have occurred on the date stated above, at 8 p.m.

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

Date of onset

Apoplexy

Other contributory causes of importance:

Name of operation Arterio Sclerotic Date of June 1935What test confirmed diagnosis? Arterio Sclerotic Was there an autopsy?23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Arterio Sclerotic Date of injury June 1935Where did injury occur? Arterio Sclerotic (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Arterio ScleroticNature of injury Arterio Sclerotic

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Arterio Sclerotic(Signed) Dr. Buescher M. D.(Address) Jefferson City, Mo

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 10/10/01 BY 60322 UCBAW

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