

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

Do not use this space.

15644

1. PLACE OF DEATH

County Cass Registration District No. 211
Township Marion Primary Registration District No. 5291
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Caroline Freshour St. _____ Ward _____
(Usual place of abode) Elton Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1848
7. AGE YEARS 84 MONTHS _____ DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pauper
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) Marion Ohio

13. NAME Daniel Freshour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Mary E. Shideler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown - 1

17. INFORMANT (ADDRESS) Bela Stewart
Elton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Mo. DATE May 2, 1932

19. UNDERTAKER (ADDRESS) W. Wilson
California, Mo.

20. FILED May 2, 1932 H. T. Leach, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1932

22. I HEREBY CERTIFY, That _____ attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:30 p. m.

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

She was dead when I arrived - I think she died of Cerebral Hemorrhage
8:30 P.

Date of onset May 1, 1932

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? _____

If so, specify _____

(Signed) H. T. Leach, M. D.
(Address) Elton 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.

JUN 21 1932

