

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Atchison Registration District No. 17
Township Stange Primary Registration District No. 4011
City Fairfax, Mo. (No. _____ St. _____ Ward _____)

File No. 23053

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 26 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 OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Wm La Rue</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1857</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>0</u>
	DAYS <u>29</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>House-keeper</u>	
	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) <u>Beardstown, Ill., Myers</u>		
MOTHER	13. NAME _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Malissa Overton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Van La Rue, Eldon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walkup's Grove</u> DATE <u>June 8, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>H. N. Scholer, Fairfax, Mo.</u>		
20. FILED <u>6/8</u> 19 <u>37</u> <u>Etta Black</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-7 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to June 7, 1937
That saw him alive on June 3, 1937 Death is said to have occurred on the date stated above, at 3:10 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset 1936
Chronic Valvular Heart
Disease
Other contributory causes of importance:
as above
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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) Oliver Hunter, M. D.
(Address) Fairfax, 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.

Courtesy of
MISSOURI STATE ARCHIVES
P.O. BOX 1747
JEFFERSON CITY, MO 65116