

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

Do not use this space.

13643

1. PLACE OF DEATH

County Rass
Township Grape Grove
City (No.)

Registration District No. 914
Primary Registration District No. 6233-

File No.
Registered No. 3
St. Ward)

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 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR WIFE OF) <u>William Schoales</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22, 1898</u>		
7. AGE	YEARS	MONTHS
<u>74</u>	<u>1</u>	<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Duties</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>Hamilton Mo</u>		
13. NAME <u>G. W. Goshaw</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Kentucky</u>		
15. MAIDEN NAME <u>Elizabeth Mires</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Penn</u>		
17. INFORMANT <u>William Schoales</u> (ADDRESS) <u>Richmond Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pea Garden</u> DATE <u>April 17, 1932</u>		
19. UNDERTAKER <u>E. Thrusman</u> (ADDRESS) <u>Richmond Mo</u>		
20. FILED <u>Apr 20, 1932</u> <u>W. E. Gant</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932 to Apr 18, 1932
I last saw her alive on Apr 18, 1932 Death is said to have occurred on the date stated above, at 7-10 a.m.
The principal cause of death and related causes of importance were as follows:
This followed Pneumonia Date of onset

Other contributory causes of importance:
Heart lesion ①
11A

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? No
If so, specify
(Signed) L. D. Greene M. D.
(Address) Richmond 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.

MAY 28 1932

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