

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

Do not use this space.

U 25-733-A

1. PLACE OF DEATH

County Wayne
Township Cherokee
City..... (No..... St..... Ward)

Registration District No. 1169
Primary Registration District No. 6195 B

File No.....
Registered No. 9
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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | white

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) MO

10. NAME OF FATHER Henry Dink

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Delia Buchner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Raynolds Co MO
(STATE OR COUNTRY)

14. INFORMANT Henry Dink
(Address) Brunswick MO

15. FILED Dec 9, 1930 Mrs. C. H. Jones
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19.....

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h. m. alive on 8-7, 1930, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

was some day old, did not see it after delivery, father said it had high fever or convulsion
(duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

86 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. H. Jones, M. D.
7-9-1930 (Address) Brunswick MO.

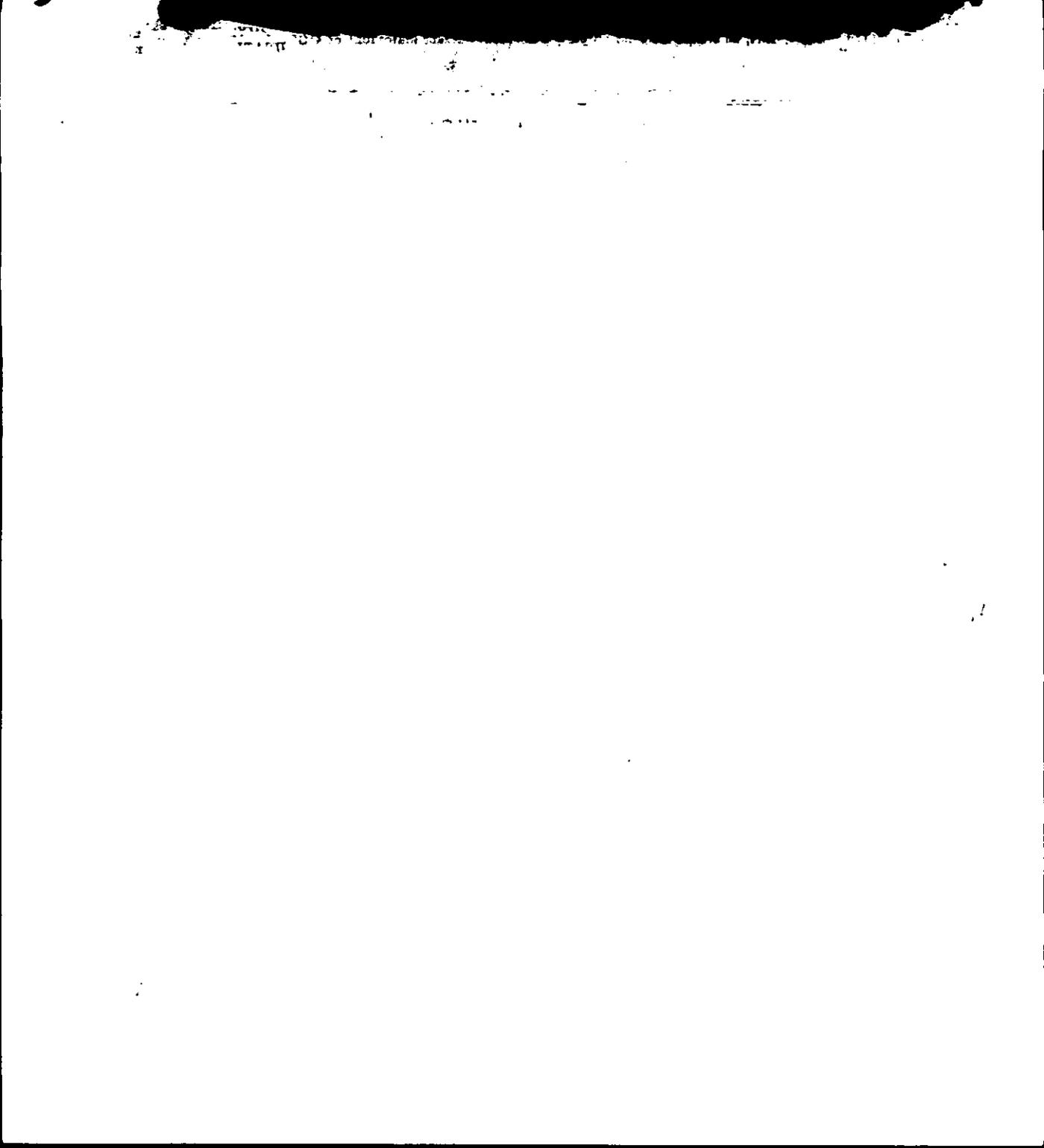
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

N. B.—Cause of Death should be stated in full. Cause of Death should be stated in full. Cause of Death should be stated in full.

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