

SEP 22 1930

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

Do not use this space.

25998

1. PLACE OF DEATH

County Bushwren
Township Wayne
City St Joseph (No. _____)

Registration District No. 826
Primary Registration District No. 5128

File No. _____
Registered No. 72
St. _____ Ward _____

2. FULL NAME

Charles Richard Cline

(a) Residence. No. Halls mo. 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. 15 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 30-1919</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>2</u>	DAYS <u>26</u>
If LESS than day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Child at home

(b) General nature of industry, business, or establishment in which employed (or employer). none

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Halls
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Richard Cline

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bowling Green
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Sophie Payne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nichols
(STATE OR COUNTRY) Kentucky

14. INFORMANT Richard Cline
Address Halls mo.

15. FILED Aug 26 1930
REGISTRAR J. J. Baugh

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1930, to Aug 25 1930 that I last saw him alive on Aug 26, 1930, and that death occurred, on the date stated above, at 5 A .m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery

130 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 160
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical Hist
(Signed) Forrest Thomas, M. D.

8/27.1930 (Address) 801 1/2 Felix

*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 Pleasant Ridge Cem
DATE OF BURIAL Aug 27 30

20. UNDERTAKER Freeman Funeral Home
ADDRESS 1416 E. 1st

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

