

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

Do not use this space.

13701

1. PLACE OF DEATH

35 County Dunklin Registration District No. 284
Township Freelon Primary Registration District No. ~~4468~~
City (No. 5403) Registered No. 11
St. _____ Ward _____

2. FULL NAME unnamed

(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 Male 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) 4-22-31

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	0	0	0	10

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County Mo

13. NAME Ferd McLoine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills ?

15. MAIDEN NAME Irene Pol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Ferd McLoine
(ADDRESS) Clarkston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE In garden DATE 4-23-31

19. UNDERTAKER none
(ADDRESS) _____

20. FILED 4-22-31 J. B. Steiner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-31

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Premature birth Date of onset _____

Other contributory causes of importance: 157 157

Name of operation _____ Date _____

What test confirmed diagnosis? _____ Was there an autopsy? 0

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) J. B. Steiner, M. D.
(Address) Clarkston 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 23 1931

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