

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County Camden Registration District No. 651  
Township Little Prairie Primary Registration District No. 5-862  
City Clinton (No.         )

22314  
File No.           
Registered No. 78  
St.          Ward         

## 2. FULL NAME

(a) Residence, No.          St.          Ward           
(Usual place of abode)  
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) ✓  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DN.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
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) mo (STATE OR COUNTRY) 1

13. NAME Shelby Adams

14. BIRTHPLACE (CITY OR TOWN) ark (STATE OR COUNTRY) 2

15. MAIDEN NAME Bula Chaldrup

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

17. INFORMANT J. Chaldrup (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 7-1 1931

19. UNDERTAKER H. Selmer (ADDRESS) Kennett, Mo.

20. FILED July 8 1931 Adams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30 1931

22. I HEREBY CERTIFY That I attended deceased from June 25, 1931, to June 30, 1931

I last saw him alive on June 27, 1931. Death is said to have occurred on the date stated above, at 1:30 am.

The principal cause of death and related causes of importance were as follows:  
Fat Embolic Dysentery Date of onset         

Other contributory causes of importance:         

Name of operation          Date of         

What test confirmed diagnosis? hous Was there an autopsy? No

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) W. H. F. G. G. G., M. D.

(Address) Kennett, Mo.

