

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 24 1931

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

Do not use this space.

24175

## 1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

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.

OCCUPATION

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

7-23

1931

8

Compton

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from

1931, to July 18, 1931

I last saw him alive on July 18, 1931. Death is said

to have occurred on the date stated above, at 11:20 a. m.

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

Date of onset

Concussion of Reticular Rostum and blood vessel

Other contributory causes of importance:

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

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)

(Address)

, M. D.

NY. PHYSICIANS should state  
DATE and any imp.

5

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Platte

Township Platte Sup

City                     

Registration District No. 38

Primary Registration District No. 3892

File No.                     

Registered No. 5-

St.                     

Ward                     

**2. FULL NAME**

(a) Residence, No.                     

St.                     

Ward.                     

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

m

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.

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

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER  
(ADDRESS)

20. FILED

9-10

19

318

J. C. Compton

Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

July 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from  
                    , 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:

Cancer of uterus  
extending to bladder  
Primary seat Uterus  
19-1931

Other contributory causes of importance:

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?

If so, specify                     

(Signed)                     

M. D.

(Address)                     

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

10-10-10

10-10-10

10-10-10