

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

Do not use this space.

33952

1. PLACE OF DEATH

County Cole Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City Jefferson (No. 8) St. _____ Ward _____

File No. 258
Registered No. _____

2. FULL NAME

(a) Residence, No. 317 R. West Elm 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 <u>male</u> | 4. COLOR OR RACE <u>white</u> | 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) <u>Sept 29-31</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| | | <u>5</u> |
| 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) Jefferson (STATE OR COUNTRY) Mo

FATHER

13. NAME Leslie Evans

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

MOTHER

15. MAIDEN NAME Helen McPherson

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

17. INFORMANT (ADDRESS) Leslie Evans

18. BURIAL, CREMATION, OR REMOVAL Home PLACE Cole DATE Oct 3 1931

19. UNDERTAKER (ADDRESS) Dariusz Tanga Jefferson City

20. FILED 10-7- 1931 J. V. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Oct 2 1931. I last saw him alive on Oct 1 1931. Death is said to have occurred on the date stated above, at 8 a. m. The principal cause of death and related causes of importance were as follows:

General Weakness
Wound, not true
Amputation

Other contributory causes of importance: 158

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1931
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) [Signature] M. D.
(Address) Jefferson city 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.

OCT 22 1931

THIS IS A PERMANENT RECORD

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