

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

Do not use this space.

35054

1. PLACE OF DEATH

County Muscardine Registration District No. 567
 Township St. Louis Primary Registration District No. 4334
 City East Prairie, Mo. (No. _____) St. _____ (Ward)

File No. _____

Registered No. 74

2. FULL NAME

(a) Residence. No. RFD #2 St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 7 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1931

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) East Prairie, Mo. (STATE OR COUNTRY) _____

10. NAME OF FATHER J. W. Olyphant
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Amurston (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Mazie Gilbert
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Francis (STATE OR COUNTRY) _____

14. INFORMANT J. W. Olyphant (Address) East Prairie, Mo. RFD #2

15. FILED 10-12-1931 1931 W. H. Hodge REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-12-1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Oct 12, 1931 that I last saw him alive on Oct 11, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery
130 (duration) _____ yrs. _____ mos. _____ ds. about 3 wks
 CONTRIBUTORY (SECONDARY) 130 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Les W. Whitaker, M. D.
10-12-1931 (Address) East Prairie, Mo.

*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 Gardner Cemetery DATE OF BURIAL 10-13-1931

20. UNDERTAKER Lou and O. J. Taylor ADDRESS Carleton, 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.

NOV 4 1931

PARENTS

