

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

Do not use this space.

37190

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson

File No. 288

Registered No.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 506 Mulberry Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>35</u>	<u>3</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Dept

10. Date deceased last worked at this occupation (month and year) Aug 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co, mo

MOTHER FATHER 13. NAME NE Northway

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

15. MAIDEN NAME Betty Meug

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

17. INFORMANT (ADDRESS) Lawrence Northway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pleasant DATE 11/19/31

19. UNDERTAKER (ADDRESS) Lawson Garner

20. FILED 11-9- 1931 J. C. [unclear] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18 1931, to Nov 1931

I last saw h. _____ alive on _____ Death is said

to have occurred on the date stated above, at 6 P m.

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

Septic infection of blood
151A
36
151
Other contributory causes of importance: Carbuncle

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.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. C. [unclear], M. D.

(Address) [unclear]

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 23 1931

WHITE CERTIFICATE, WITH UNFOLDING TAB—THIS IS A PERMANENT RECORD

