

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

Do not use this space.

**38066**

**1. PLACE OF DEATH**

County Jefferson Registration District No. 420 File No. \_\_\_\_\_  
 Township Waller Primary Registration District No. 5574 Registered No. 95  
 City Desoto (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Desoto Rt. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |   |   |
|--|---|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF<br><u>Mrs. Stephens</u>                |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>October 2 1861</u>                         |   |   |
| 7. AGE   | YEARS<br><u>70</u>  | MONTHS<br><u>1</u>  |
|  | DAYS<br><u>26</u>   | IF LESS than 1 day, hrs. or min.  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housework</u> |   |
|  | 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)<br><u>Bailey Station Mo</u>             |   |   |
| FATHER   | 13. NAME<br><u>Dan Palmer</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>  |   |
| MOTHER   | 15. MAIDEN NAME<br><u>unknown</u>   |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>  |   |
| 17. INFORMANT (ADDRESS)<br><u>Mrs. Stephens Desoto Mo</u>                                |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>City Cemetery</u> DATE <u>Nov. 30 1931</u> |   |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Donnell B. Dietrich Desoto Mo</u>                         |   |   |
| 20. FILED <u>11/28 1931</u> <u>D. J. Moulton</u> Registrar                               |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1931 to Nov 27 1931  
 I last saw him alive on Nov 27 1931 Death is said to have occurred on the date stated above, at 11:45 am  
 The principal cause of death and related causes of importance were as follows:  
Acute Endocarditis Date of onset \_\_\_\_\_  
91A  
 Other contributory causes of importance: \_\_\_\_\_  
91A

8. 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) David Ford \_\_\_\_\_, M. D.  
 (Address) Desoto Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 28 1931

