

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

Do not use this space.

41696

1. PLACE OF DEATH

County Newton
Township Bayton
City West of Prairie (No. 1 1/2 miles north)

Registration District No. 611
Primary Registration District No. 5815

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Josephine Crawford St., Ward. 1
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9/31

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931, to Dec 9, 1931

I last saw him alive on Dec 8, 1931 Death is said to have occurred on the date stated above, at 10a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 1893

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

7. AGE YEARS 38 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.

Flu - Bronchial pneumonia Date of onset

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

Other contributory causes of importance: 11A 107A / 110

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

MOTHER FATHER 13. NAME J. Pauderum

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

15. MAIDEN NAME Rosa Kusari

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

17. INFORMANT J. Crawford (ADDRESS) Racine, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Racine DATE 12/10, 1931

19. UNDERTAKER (ADDRESS) Norman G. Melitzer Seneca, Mo.

20. FILED 12/12, 1931 C. Hornig Registrar.

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? no
If so, specify

(Signed) T. B. Summers, M. D.
(Address) Seneca, Mo.

WHITE 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.

