

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.

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

Do not use this space.

7213

1. PLACE OF DEATH

114 County Trigg Registration District No. 908
Township West Grove Primary Registration District No. 6222
City West Grove (No.) St. Ward)

2. FULL NAME

Unnamed
(a) Residence, No. St. 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) L
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, - hrs. or min.

OCCUPATION 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. 237
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Grove, Missouri

FATHER 13. NAME Lewis R. Blains

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kannuck 2, Missoury

MOTHER 15. MAIDEN NAME Helena Dintan

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

17. INFORMANT Lew Sussler
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE West Grove DATE 2-29-1932

19. UNDERTAKER Bethel Funeral Home
(ADDRESS) West Grove

20. FILED 2/37 1932 J. H. B. B. B. Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 29 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

Premature
159/59
Other contributory causes of importance:
(1)
Date of onset

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) R. A. Ryan, M. D.
(Address)

