

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

Do not use this space.
8147

1. PLACE OF DEATH

County Clay Registration District No. 326 File No. 75-
Township Madison Primary Registration District No. 3452 Registered No. 33
City Edinburg (No. _____) St. _____ Ward _____

2. FULL NAME Steele Bornaalive

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>still born</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 8, 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as silk mill, mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edinburg, Mo</u>		
13. NAME <u>Joe Clary</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jones 2</u>		
15. MAIDEN NAME <u>Bessie Buzzard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u>		
17. INFORMANT (ADDRESS) <u>Joe Clary Edinburg, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Peery Cemetery</u>	DATE <u>Mar 10 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Gipson Funeral Co.</u>		
20. FILED <u>Mar 10 1932</u>	<u>Anna H. Price</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch. 8, 1932, 9:00 P.M. to Mch. 9, 1932, 1:00 A.M.

I last saw her..... alive on Mch. 9, 1932, XIX..... Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Other contributory causes of importance:
Unknown

Name of operation None 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) Subrah Doss..... M. D.
(Address) Peoria 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.

APR 26 1932

