

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 1932

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

46 County Howell  
 Township South Fork  
 City South Fork

Registration District No. 382Primary Registration District No. 5535File No. 63

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(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

ma

## 4. COLOR OR RACE

wh

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

✓

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

5/22-185

## 7. AGE

YEARS

81

MONTHS

2

DAYS

2

IF LESS than 1  
 day, \_\_\_\_\_ hrs.  
 or \_\_\_\_\_ min.

## 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

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Leunepes 2

## FATHER

## 13. NAME

Samuel Bales

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

✓ 38

## MOTHER

## 15. MAIDEN NAME

Barbara Mitchell

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

✓

## 17. INFORMANT (ADDRESS)

Isaac Bales  
South Fork

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE MT Zion DATE 6/25-1932

## 19. UNDERTAKER (ADDRESS)

W. T. Leland  
West Plains, Mo

## 20. FILED

7-22-1932 W. T. Leland  
Registrar

## 3 MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5/24-193222. I HEREBY CERTIFY, That I attended deceased from April 30, 1932, to May 16, 1932Last saw him alive on May 16, 1932. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Sanctity and  
arteriosclerosis

Date of onset

Other contributory causes of importance:

Urinary①

Name of operation

Yone B. & Co. (Intestine)Date of May 16-32What test confirmed diagnosis? Symptoms Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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)

P. H. Sparks, M. D.(Address) West Plains, Missouri

