

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

Do not use this space.

17713

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.)

File No.....

Registered No.....

4665

St.

Ward.....

2. FULL NAME

(a) Residence, No. 1806 Belle Glade H 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ash 66 October

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 101

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) marshfield mo

FATHER 13. NAME unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 2

MOTHER 15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) Mary Johnson 1806 Belle Glade

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter's DATE May - 13 - 1932

19. UNDERTAKER (ADDRESS) W. W. Roberts 3035 Euclid

20. FILED MAY 12 1932 W. C. Harlow Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Pharmacy in attendance

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:40 m.

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

Date of onset

Shonie Myrland
930
Other contributory causes of importance:
930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

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 No Injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) W. C. Harlow Registrar

(Address) St. Louis

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.

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