

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

Do not use this space.

21799

1. PLACE OF DEATH

County North
Township Middlefork
City _____ (No. _____)

Registration District No. 1112
Primary Registration District No. 6213

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

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 COUNTRY) North Co. Mo

13. NAME Carl Waldier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madway Co Mo

15. MAIDEN NAME Neva King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madway Co, Mo

17. INFORMANT J H King (ADDRESS) North Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stags Cemetery DATE July 1, 1932

19. UNDERTAKER Samuel (ADDRESS) _____

20. FILED 7/6, 1932 Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY That I attended deceased from June 30, 1932 to June 30, 1932

I last saw h. p. Dead June 30, 1932 Death is said to have occurred on the date stated above, at 4:50 p.m.

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

159/59
Other contributory causes of importance: ①

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

23. 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 No
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Robert Andrews (Signed) _____, M. D.
(Address) North Mo.

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.

JUN 27 1932

