

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

Do not use this space.

23584

1. PLACE OF DEATH

County Douglas Registration District No. 632
Township Thayer - Mo. Primary Registration District No. 4382
City Thayer - Mo. (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

(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 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March - 3 - 1911</u>		
7. AGE YEARS <u>21</u>	MONTHS <u>4</u>	DAYS <u>18</u>
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) (Total time (years) spent in this occupation)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francis - Co. Mo.</u>		
13. NAME <u>Rufus Dallas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Put Co. Mo.</u>		
15. MAIDEN NAME <u>Anna Wintersland</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>R. Dallas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thayer - Mo.</u> DATE <u>July 22, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Leo Dan</u>		
20. FILED <u>July 30, 1932</u> <u>C. Rhea</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1932

2. I HEREBY CERTIFY That I attended deceased from July 2, 1932 to July 21, 1932
I last saw him alive on July 21, 1932 Death is said to have occurred on the date stated above, at 6:30 p.
The principal cause of death and related causes of importance were as follows:
Perniciosa Malaria Date of onset July 7, 1932

Other contributory causes of importance:
38 38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? 0

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? NO
If so, specify
(Signed) Anna H. Friend M. D.
(Address) Manasseth Spring, Ark.

N. B. - If the cause of death is not stated EXACTLY, PHYSICIANS should state the cause of death, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH

AUG 25 1932

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