

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.

OCT 26 1932

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

Do not use this space.

29757

1. PLACE OF DEATH

59 County Livingston
Township Clay mound
City _____ (No. _____)

Registration District No. 5-13-
Primary Registration District No. 5-684

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Unnamed

(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 Male 4. COLOR OR RACE White 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) 9-26-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
X X X 25 min.

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) Livingston Mo

13. NAME ✓

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

15. MAIDEN NAME Clara Viola Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canute, Okla

17. INFORMANT (ADDRESS) M. J. Downey

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Disposed of by family

19. UNDERTAKER (ADDRESS) Disposed of by family

20. FILED Sept 30, 1932 Tereson A. Haynes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-32

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

I last saw him alive on hour, 1932. Death is said to have occurred on the date stated above, at 9:25 m. A.

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

159 Premature Birth Date of onset _____

Other contributory causes of importance: 159

Name of operation ✓ Date of _____

What test confirmed diagnosis? History 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 _____, 1932

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) Paul J. Downey, M. D.
(Address) Chellecoher, Mo - Coroner

