

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

Do not use this space.

31901

M

1. PLACE OF DEATH

35 County Dunklin
Township Dalton
City (No.) St. Ward

Registration District No. 290
Primary Registration District No. 5408

File No.
Registered No. 53-32
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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
				<u>1</u> hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dunklin Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER J. P. Chandler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dunklin Co., Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mabelle Sature

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dunklin Co., Mo.
(STATE OR COUNTRY)

14. INFORMANT J. P. Chandler
(Address) Dunklin, Mo.

15. FILED 11/2, 1932 A. Glenn Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4, 1932

17. I HEREBY CERTIFY That I attended deceased from Preventive Birth to, 19... that I last saw h... alive on, 19... and that death occurred, on the date stated above, at 3:00 P.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Preventive Birth had not a few minutes
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 159
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Robert B. Martin, M. D.
, 19... (Address) Death Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Liberty Cemetery</u>	DATE OF BURIAL <u>Dec 5 1932</u>
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20. UNDERTAKER <u>McDaniel Funeral Co.</u>	ADDRESS <u>Dunklin Mo.</u>
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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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