

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

Do not use this space.

35244

1. PLACE OF DEATH

County Daviess Registration District No. 250
Township _____ Primary Registration District No. 4150
City Gallatin (No. _____) St. _____ Ward _____

File No. _____
Registered No. 659

2. FULL NAME

(a) Residence, No. Gallatin Mo. 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 10

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
Nov. 1932 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamesport Missouri

13. NAME Virgil Place

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

15. MAIDEN NAME Madys Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colo Springs Colorado

17. INFORMANT (ADDRESS) Virgil Place Gallatin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clare Cem. Nov. 23, 1932

19. UNDERTAKER (ADDRESS) W. A. Hooper Gallatin Mo.

20. FILED 11-26-1932 R. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932, to Nov. 22, 1932

I last saw him... alive on Nov. 22, 1932. Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Scarlet Fever (Date of onset Nov. 15)
followed by
Double Babes
Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? Typo Was there an autopsy? Yes

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? _____
If so, specify _____

(Signed) M. B. Bailey M.D.
(Address) Gallatin 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.

WWW.CENTROINGINKS—THIS IS A PERMANENT RECORD

444

7-1-32
35244
2

