

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

Do not use this space.

35809

1. PLACE OF DEATH

County Jackson
Township Lew
City Lawrence, Mo. (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4317 Ward _____

2. FULL NAME

(a) Residence, No. 807 Forest 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 4 | 29

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. Child

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) Lawrence City, Mo.

13. NAME Leroy Bristol

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

15. MAIDEN NAME Anna Vogel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

17. INFORMANT (ADDRESS) Leroy Bristol, 807 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov 19, 1932

19. UNDERTAKER (ADDRESS) Wm. E. F. Fowler, 221 E. 3rd

20. FILED Nov 18, 1932 W. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1932, to 1-15, 1932

I last saw her alive on 11-18, 1932 Death is said to have occurred on the date stated above, at 4 A. M.

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

Meningeovirus Meningitis Date of onset 10-24-32

Other contributory causes of importance: (1)

Name of operation _____ Date of _____
What test confirmed diagnosis Lab. 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) H. M. Gilkey, M. D.
(Address) Mersey Hospital

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.

