

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

36513

## 1. PLACE OF DEATH

72 County Nebraska  
 Township 11-11  
 City Lincoln (No. 604)

Registration District No.

Primary Registration District No. 5802File No. 264

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

## 4. COLOR OR RACE

Neuro

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 1 1879

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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)

## FATHER MOTHER

## 13. NAME

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

## 15. MAIDEN NAME

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

## 17. INFORMANT (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

## 19. UNDERTAKER (ADDRESS)

## 20. FILED

19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 193222. I HEREBY CERTIFY, That I attended deceased from 11-10, 1932, to 11-14, 1932.I last saw him alive on 11-16, 1932. Death is said to have occurred on the date stated above, at 8 a. m.

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

Pharyngeal Bochil

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? Yes

If so, specify.....

(Signed) W. H. Dyer(Address) New Madrid Mo

M. D.

