

WRITE CLEARLY, 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.

JAN 29 1933

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

Do not use this space.

1. PLACE OF DEATH  
34 County Douglas Registration District No. 280  
Township City Primary Registration District No. 5390  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

39084

File No. \_\_\_\_\_  
Registered No. 6

2. FULL NAME Delores Louise  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>F</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 - 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
		<u>6</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>			
	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) <u>Douglas Mo.</u>				
FATHER	13. NAME <u>Medley Louise</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas Mo.</u>			
	15. MAIDEN NAME <u>Shelby Anderson</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas Mo.</u>			
	17. INFORMANT (ADDRESS) <u>Medley Louise</u> <u>Manfield Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem.</u> DATE <u>Dec 14</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>R. R. Riffe</u> <u>Manfield Mo.</u>				
20. FILED <u>Jan 7</u> 19 <u>33</u> <u>Frank D. Miles</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 13</u> 19 <u>32</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 13</u> 19 <u>32</u> , to <u>Dec 13</u> 19 <u>32</u>	
I last saw him alive on <u>Dec 13</u> 19 <u>32</u> . Death is said to have occurred on the date stated above, at <u>4 P</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Bronchial Pneumonia</u> Date of onset <u>Jan 10 - 1933</u>	
Other contributory causes of importance: <u>Cold</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
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) <u>J. A. Johnson</u> M. D. <u>Manfield Mo.</u> (Address)	

