

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

Do not use this space.

40691

1. PLACE OF DEATH

County Myiller  
Township Blackwoods  
City Myiller (No.     )

Registration District No. 562  
Primary Registration District No. 5757

File No.       
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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or 30 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) Iberia Mo

13. NAME Ransom Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo

15. MAIDEN NAME Sylvia White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iberia Mo

17. INFORMANT Ola White (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE pleasant Hill DATE 12/17 1933

19. UNDERTAKER Adams & Casey (ADDRESS) Iberia Mo

20. FILED Jan 10, 1933 W. H. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1932, to Dec 16, 1932

I last saw him alive on Dec 15, 1932 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

premature  
159  
159  
Other contributory causes of importance     

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      (1)  
Nature of injury     

24. Was disease or injury in any way related to occupation of deceased?     

If so, specify       
(Signed) G. W. Duncan, M. D.

(Address) Iberia 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.

