

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.

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

Do not use this space.

40969

1. PLACE OF DEATH

78 County Camden
Township Camden
City..... (No.....)

Registration District No. 653
Primary Registration District No. 5865

File No.....
Registered No. 143
St..... Ward.....

2. FULL NAME

(a) Residence, No. Camden St., Camden 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 <u>Male</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>12/30/32</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Separate</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) Hayti
(STATE OR COUNTRY) 113. NAME Harry Adams14. BIRTHPLACE (CITY OR TOWN) Hayti
(STATE OR COUNTRY)15. MAIDEN NAME Oprie Wood16. BIRTHPLACE (CITY OR TOWN) Mi
(STATE OR COUNTRY)17. INFORMANT Harry Adams
(ADDRESS) Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn Cemetery DATE 12-31-193219. UNDERTAKER Beulah E. Wood
(ADDRESS) Hayti, Mo.20. FILED 12-31-1932 J. W. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/32, 193222. I HEREBY CERTIFY, That I attended deceased from at Hayti, 1932, to 12/30/32, 1932.I last saw him alive on 12/30, 1932. Death is saidto have occurred on the date stated above, at 10:15 a.m.

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

Principally birth Date of onset 12-30-32159 159

Other contributory causes of importance:

Cause unknown

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? YesIf so, specify Willam Hall(Signed) Willam Hall, M. D.(Address) Hayti, Mo.

