

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.

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1. PLACE OF DEATH

County Cedar
 Township Box
 City (No.)

Registration District No. 163
 Primary Registration District No. 5228

File No.
 Registered No. 5 - ..
 St. Ward

2. FULL NAME

(a) Residence, No. 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 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 10 14

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. housewife

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) Ind

13. NAME David Burton

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

15. MAIDEN NAME Susan Harness

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

17. INFORMANT Mrs. Nora Reese
 (ADDRESS) El Dorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Yeager DATE 1-22 1933

19. UNDERTAKER Wm. S. Jones
 (ADDRESS) El Dorado Springs, Mo.

20. FILED 1/21 1933 J. Dawson
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h. alive on, 19.... Death is said

to have occurred on the date stated above, at 6.9 a.m.

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

Carcinoma Right Date of onset

side of face

(Died without

Other contributory causes of importance:

Medical attention

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) Melvin Church

(Address) Stockton, Mo.

