

**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 Chariton Registration District No. 176
Township Union Primary Registration District No. 0 844
City (No.) St. Ward

File No. _____

Registered No. 5

2. FULL NAME

(a) Residence, No. _____ St. _____ 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>M</u>	4. COLOR OR RACE <u>W</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>Jan-16-1933</u>		
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. <u>Baby</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>Chariton Co Mo</u>		
MOTHER	13. NAME <u>Clyde Mascol</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co</u>	
	15. MAIDEN NAME <u>Margaret McDonald</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co Mo</u>	
	17. INFORMANT (ADDRESS) <u>Thomas Mascol</u> <u>Minden Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springer Mo</u> DATE <u>1-18</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. H. Rippe</u> <u>Minden Mo</u>		
20. FILED <u>1/18</u> 19 <u>33</u> <u>A R Lewis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1933

2. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933, to Jan 18 1933
last saw him alive on Jan 16 1933 Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:
Premature Birth
- seven months
Date of onset

Other contributory causes of importance

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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) C. A. Strickton, M. D.
(Address) Bethel

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.

