

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. 1933

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

Do not use this space.

2621

1. PLACE OF DEATH

County 78 Little River Registration District No. _____
 Township Little River Primary Registration District No. _____
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

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 Female
 4. COLOR OR RACE Negro
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Remick Co Mo

13. NAME Wm Robinson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City Mo

15. MAIDEN NAME Frenchy Post
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 780

17. INFORMANT (ADDRESS) Wm Robinson
Wardell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo DATE Jan 31, 1933

19. UNDERTAKER (ADDRESS) W. H. Underwood Co
Wardell Mo

20. FILED 1-10, 1933 Opal Wells
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 28, 1933 to Jan 29, 1933
 I last saw her alive on Jan 28, 1933 Death is said to have occurred on the date stated above, at 4:30 P. m.

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

Bronchial pneumonia Date of onset: Jan 27
Influenza
 Other contributory causes of importance: Influenza

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) J. L. McAlister, M. D.
 (Address) Wardell Mo

