

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.

4888

## 1. PLACE OF DEATH

County CarrollRegistration District No. 135Township CarrolltonPrimary Registration District No. 3010City Carrollton No. 3121

File No. \_\_\_\_\_

Registered No. 12

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 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

M

## 4. COLOR OR RACE

W.

## 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)

Feb 2, 1933

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 15 hrs. or 15 min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, 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

Infant

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carrollton

## FATHER

## 13. NAME

Jack McKinney

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

Kennett, Mo.

## 15. MAIDEN NAME

Leora Stearns

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

Carroll County, Mo.

## 17. INFORMANT (ADDRESS)

Jack McKinney

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bellevue Cemetery

DATE

2-3

1933

## 19. UNDERTAKER (ADDRESS)

Stanley

## 20. FILED

2-31933 Mrs. E. E. Denton

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb. 3, 193322. I HEREBY CERTIFY, That I attended deceased from 2-2, 1933, to 2-3, 1933I last saw him alive on 2-2, 1933. Death is saidto have occurred on the date stated above, at 2:00 P.M.

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

Premature Birth - 6 1/2 mos159 159

Other contributory causes of importance:

Date of onset

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) William G. Atwood

M. D.

(Address) Carrollton Mo

