

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

Do not use this space.

10722

**1. PLACE OF DEATH**

County Putnam Registration District No. 724  
Township York Primary Registration District No. 5966  
City (No. \_\_\_\_\_) 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19<sup>th</sup> 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
7

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

12. BIRTHPLACE (CITY OR TOWN) Putnam Co., Missouri  
(STATE OR COUNTRY)

13. NAME Ernest Elwood Birkland

14. BIRTHPLACE (CITY OR TOWN) New York City, New York  
(STATE OR COUNTRY)

15. MAIDEN NAME Edna Stockman

16. BIRTHPLACE (CITY OR TOWN) Mercer, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Ernest E. Birkland  
(ADDRESS) Towersville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Loverly Cemetery DATE March 27 1933

19. UNDERTAKER None  
(ADDRESS)

20. FILED March 26 1933 Delia Galt  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19 1933, to March 26 1933

I last saw him alive on March 25 1933. Death is said to have occurred on the date stated above, at 4:55 A.M.

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

Pneumonia from inhalation of mucus and nourishment

Other contributory causes of importance: 109

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) L. W. McDonald M. D.  
(Address) Towersville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 24 1933

