

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

Do not use this space.

10874

358

**1. PLACE OF DEATH**

County St. Francois  
Township Estlin  
City Estlin (No. ....)

Registration District No. 774  
Primary Registration District No. 6018B

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Charles Franklin Underwood

(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 <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>June 4, 1882</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	<u>9</u>
		DAYS
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Missouri</u>		
13. NAME <u>Thomas Underwood</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Nancy Austin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballinger Co. Mo</u>		
17. INFORMANT <u>Elizabeth Underwood</u> (ADDRESS) <u>Estlin</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Woodlawn</u>	DATE <u>3-26-33</u>
19. UNDERTAKER <u>Caldwell Bros.</u> (ADDRESS) <u>Estlin</u>		
20. FILED <u>Mar 30 1933</u> <u>W. J. Brown</u> (Address) <u>Estlin</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30-1932 to 3-21-1933

I last saw him alive on 3-21-1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis  
hemorrhage  
stroke  
daily met death

Date of onset 7-6-33

Other contributory causes of importance:  
influenza

Name of operation none Date of .....

What test confirmed diagnosis? clinical 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 stroke  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) W. J. Brown M. D.  
W. J. Brown (Address) Estlin

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

