

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

Do not use this space.

13188

2072

1. PLACE OF DEATH

County Franklin Registration District No.
 Township Franklin Primary Registration District No.
 City Franklin, Mo No. Genl Hosp #2 St. Ward

File No.
 Registered No.
 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
 (Usual place of abode) Unknown

(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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 36 MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. unknown

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 30

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

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 5-10-1933

19. UNDERTAKER (ADDRESS)

20. FILED 15-13-1933 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11/33 1933

22. I HEREBY CERTIFY, That I attended deceased from to 1933
Dr. Curtis
 I last saw him alive on 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Massed wound of face
Atterition of face
Generalized septicaemia
 Other contributory causes of importance:

Name of operation no Date of
 What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Date of injury 3/31/1933
 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 Wound of face

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) M.D.
 (Address)

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.

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