

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.

MAY 24 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15366

1. PLACE OF DEATH
 97 County Saline Registration District No. 784
 5 Township Marshall, Mo. Primary Registration District No. 3038
 City Marshall, Mo. (No.) St. Ward

2. FULL NAME (Infant) Angle
 (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) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Marshall, Mo. (STATE OR COUNTRY)

13. NAME Earnest Angle

14. BIRTHPLACE (CITY OR TOWN) Lawrence, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Myrtle Wilson

16. BIRTHPLACE (CITY OR TOWN) Benton, Mo. (STATE OR COUNTRY)

17. INFORMANT Earnest Angle (ADDRESS) 458 Carroll st., Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Marshall, Mo. DATE April 25, 1933

19. UNDERTAKER J. S. Surpury (ADDRESS) Marshall, Mo.

20. FILED 5-5-33 19 33 G. E. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1933, to 4-24, 1933
 I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8 P m.
 The principal cause of death and related causes of importance were as follows:
109A Pneumonia Date of onset 4-24-33

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) E. F. Harrell, D.C., M. D.
 (Address) Marshall, Mo.

