

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.

17141

1. PLACE OF DEATH

63 County Warren
Township Smelter
City (No.) St. Ward)

Registration District No. 1040

Primary Registration District No. 2276

File No.

Registered No. 3

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 male 4. COLOR OR RACE white 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 24 hrs. or min.

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) Dixons
(STATE OR COUNTRY) Missouri

13. NAME Les. Baker

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

15. MAIDEN NAME Mable Watson

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

17. INFORMANT Les. Baker
(ADDRESS) Dixons Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seaton Cemetery DATE 5-22-1933

19. UNDERTAKER Louis Hoffman
(ADDRESS) Dixons Mo

20. FILED 5-23 1933 W. Winkelman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-23-1933 to 5-22-1933

I last saw him alive on 5-22-1933. Death is said to have occurred on the date stated above, at 2:00 a.m.

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

Premature Birth Date of onset

Other contributory causes of importance:

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) A. J. Ginder, M. D.

(Address) Dixons Mo

