

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.

20638

1. PLACE OF DEATH

County Perniscot
Township Pascola
City Brass City (No. 3370)

Registration District No. 1102

Primary Registration District No. 758

File No. 20638

Registered No. 3370

St. Ward

2. FULL NAME

(a) Residence, No. Brass City 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Azelle Anglin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 - 1907</u>		
7. AGE <u>26</u>	YEARS <u>0</u>	MONTHS <u>0</u>
DAYS <u>0</u>		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	

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

13. NAME Mel Anglin

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

15. MAIDEN NAME Tran

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

17. INFORMANT Henry Tran
(ADDRESS) Brass City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alabama DATE 6/11 1933

19. UNDERTAKER None
(ADDRESS)

20. FILED 6/29 1933 Mrs. J. R. Cole
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1933

22. I HEREBY CERTIFY That I attended deceased from

June 6 1933 to June 9 1933

I last saw him alive on June 19 1933. Death is said

to have occurred on the date stated above, at 10 P. m.

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

Colitis

Date of onset
6-4-

Other contributory causes of importance:

Measles

Name of operation Thyroid Date of

What test confirmed diagnosis? Thyroid 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

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) William J. Cole M. D.

(Address) Brass City

[illegible]