

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.

20733

1. PLACE OF DEATH

County Platte
Township Marshall
City Sturley (No. 698)

Registration District No. 698
Primary Registration District No. 5927

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 7 4. COLOR OR RACE W 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) 6-6-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 1/2 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) (STATE OR COUNTRY) Satan Mo

13. NAME Elyse Berry

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

15. MAIDEN NAME Joyce Atkinson

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

17. INFORMANT (ADDRESS) Elyse Berry Satan

18. BURIAL, CREMATION, OR REMOVAL PLACE Satan DATE 6-6-33

19. UNDERTAKER (ADDRESS) Dr Brill

20. FILED 6/6/33 Dr Brill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to June 6, 1933. I last saw him alive on June 6, 1933. Death is said to have occurred on the date stated above, at 9:30 p.m. The principal cause of death and related causes of importance were as follows: Premature Birth

Other contributory causes of importance 159 159

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Yes (Signed) J. H. M. Adair, M. D.
(Address) West 1st St. Satan

