

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

Do not use this space.

**1. PLACE OF DEATH**

County Miss  
Township Ohio  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 5-69  
Primary Registration District No. 5-765

File No. 23823  
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<br><u>M</u>   | 4. COLOR OR RACE<br><u>col</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>X</u> |  |                                  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>X</u> |  |   |  |                                  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 - 1933</u>              |  |   |  |                                  |
| 7. AGE   | YEARS  | MONTHS  | DAYS   | IF LESS than 1 day, hrs. or min. |
|  |  | <u>4</u>  | <u>6</u>   |                                  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> |   |  |                                  |
|  | 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 <u>X</u> |                                  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933, to July 30, 1933

I last saw him alive on June 30, 1933. Death is said to have occurred on the date stated above, 8:00 A. m.

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

Cholera Refractaria Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis spec 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? no  
If so, specify \_\_\_\_\_

(Signed) As Marshall, M. D.  
(Address) Wyatt mo

Registrar.

SEP 26 1933

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