

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

Do not use this space.

25610

1. PLACE OF DEATH

County Ballinger Registration District No. 69
 Township Wayde Primary Registration District No. 5-108
 City..... (No.....) St..... Ward.....

File No.....
 Registered No.....

2. FULL NAME

unnamed
 (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. 3 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) Aug 10, 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>3</u>	

8. OCCUPATION OF DECEASED:

(a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Brownwood, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Charles Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sumner Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Reed Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sumner Mo
 (STATE OR COUNTRY)

14. INFORMANT Charles Miller
 (Address) Brownwood, Mo

15. FILED 8-20, 1933 A.T. Turpatnick
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933 to Aug 9, 1933 that I last saw h. alive on Aug 7, 1933, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ediopathi

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) L. E. Lewis, M. D.
 , 19 (Address) Advance, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brownwood, Mo DATE OF BURIAL Aug 15 1933

20. UNDERTAKER Naue ADDRESS

SEP 20 1933

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