

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

Do not use this space.

23889

1. PLACE OF DEATH

County Buller
Township
City Spain Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 168 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 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) Est. March 1923

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

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) Dunklin

13. NAME Bon Cats

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

15. MAIDEN NAME Outaie Nick

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

17. INFORMANT (ADDRESS) Spain Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Oak DATE Oct 1 1933

19. UNDERTAKER (ADDRESS) Frank T. Co. Spain Bluff, Mo.

20. FILED Oct 3, 1933 By Clinic Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-30-33 to 9-30, 1933

I last saw him alive on 9-30, 1933. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Typhoid Fever 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 _____

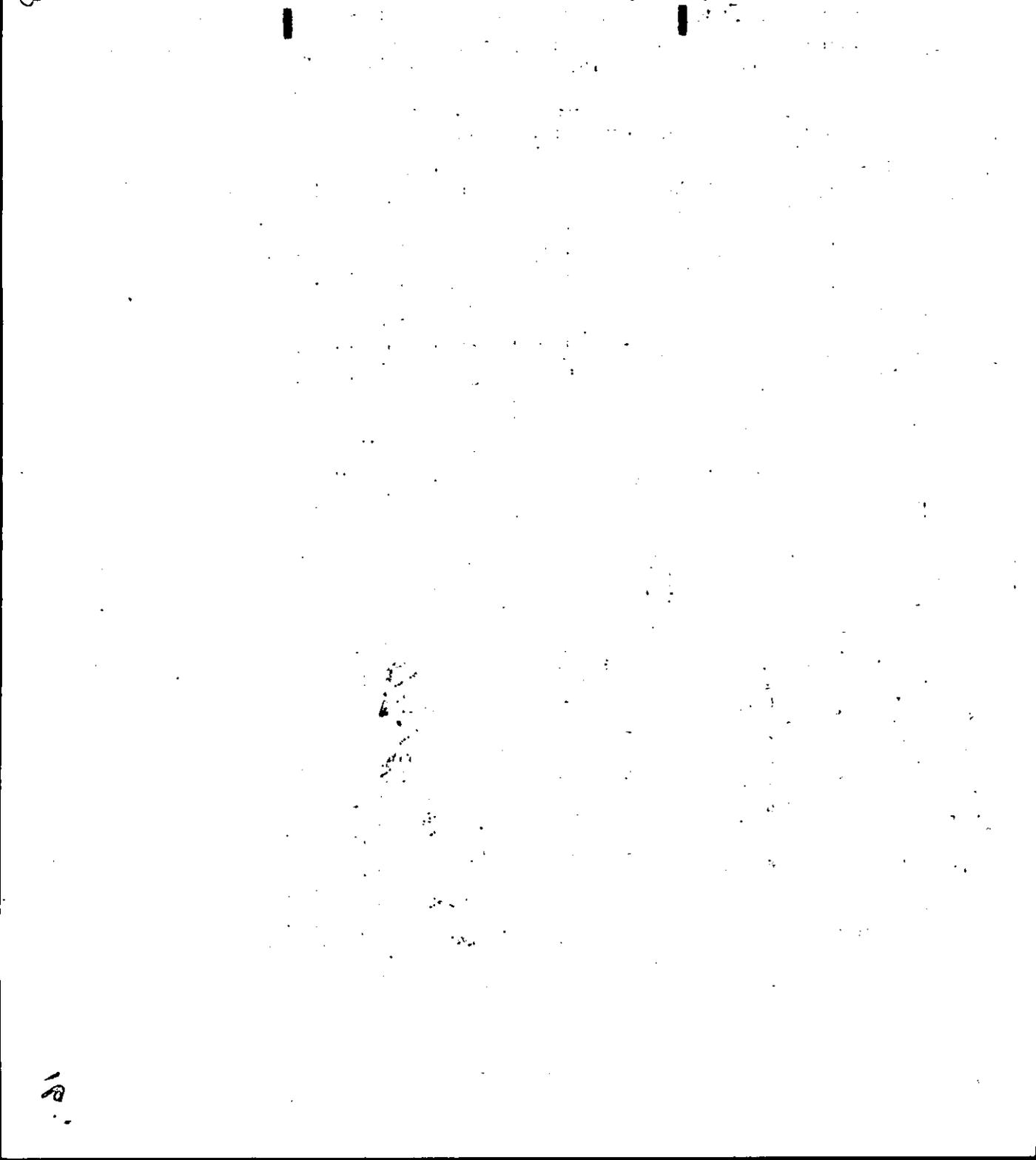
(Signed) J. W. M. [Signature], M. D.
(Address) Spain Bluff, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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