

NOV 10 1933

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

Do not use this space.

34119

1. PLACE OF DEATH

County Polk
Township Jefferson
City Flemington (No. 1000)

Registration District No. 709

Primary Registration District No. 709

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Flemington St. Ward _____

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? 3 yrs. 3 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1930
7. AGE YEARS 3 MONTHS 6 DAYS 11
If LESS than 1 day, 11 hrs. 4 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) Polk Co.

13. NAME Earl Blackwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co.

15. MAIDEN NAME Christina Rauler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co.

17. INFORMANT (ADDRESS) Earl Blackwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Flemington DATE 10/20 1933

19. UNDERTAKER (ADDRESS) W. F. Blackwell

20. FILED Oct 15 1933 Veda McBracken Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-12-33 1933, to 10-18-33 1933

I last saw him alive on 10-18-33 1933. Death is said to have occurred on the date stated above, at 11 P.m.

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

Diphtheria (Laryngeal)

associated with

with General Poxemia

Other contributory causes of importance: _____

6911/10

Name of operation none 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 _____, 1933

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 none

(Signed) M. F. McBracken Registrar

(Address) Flemington, Mo.

