

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

Do not use this space.

36120

**1. PLACE OF DEATH**

County Dunklin  
Township Freedom  
City (No. ....) .....

Registration District No. 284  
Primary Registration District No. 4468  
5413

File No. ....  
Registered No. 120  
St. .... Ward)

**2. FULL NAME**

Chas Robt Pace

(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. 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 [Signature]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-28-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 0 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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) near Clarkton (STATE OR COUNTRY) Mo.

13. NAME Thos I Pace

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

15. MAIDEN NAME Pearl A Spinks

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

17. INFORMANT Thos I Pace (ADDRESS) Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Standfield Cem DATE 11-4 1933

19. UNDERTAKER none (ADDRESS) .....

20. FILED 11-3 1933 J B Steiner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-28 1933 to 11-3 1933  
I last saw him alive on 11-3 1933 Death is said to have occurred on the date stated above, at 3:10P m.

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

Jamdie Neonatorum Date of onset 10-7-33  
161B  
161B  
161B

Other contributory causes of importance: .....

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chlorine 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 no  
(Signed) J B Steiner, M. D.  
(Address) Clarkton Mo

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.

JAN 4 1934

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