

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

Do not use this space.

36814

4816

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Garrison Registration District No. _____
Township Kew Primary Registration District No. _____
City Kew (No. 548 main)

2. FULL NAME

(a) Residence, No. 548 main 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 m 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unknown (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 50

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know

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) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Dec-9-33

19. UNDERTAKER (ADDRESS) Quinn + Tolpin

20. FILED 12-8-33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/33, 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 1933

I last saw _____ alive on _____, 1933 Death is said

to have occurred on the date stated above, at _____ m.

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

Acute Bronchitis Date of onset _____
Pulmonary embolism

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (accident, suicide, or homicide), 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 aggravated by occupation of deceased?

If so, specify _____

(Signed) [Signature] M. D.

(Address) Kew

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.

JAN 26 1934

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