

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

Do not use this space.

37027

1. PLACE OF DEATH

County Lawrence
Township Aurora
City Aurora

Registration District No. 167
Primary Registration District No. 4280
(No. RQF.D.#031 Aurora Mo)

File No. _____
Registered No. 453
St. _____ Ward _____

2. FULL NAME Charla Maxine Cline

(a) Residence, No. 501 Lincoln 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 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) October 25-1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	0	0	12	

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) Aurora
(STATE OR COUNTRY) Missouri

13. NAME Paul Cline

14. BIRTHPLACE (CITY OR TOWN) Aurora
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Georgia Killey

16. BIRTHPLACE (CITY OR TOWN) Aurora
(STATE OR COUNTRY) Missouri

17. INFORMANT Mr Paul Cline
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Nov. 6 1933

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo

20. FILED 11-6 1933 RD Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25 1931, to _____, 19____
I last saw him alive on 10-27 1933. Death is said to have occurred on the date stated above, at 12.30 m.

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

Inanition

Other contributory causes of importance: due to immaturity & lack of development

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify _____
(Signed) RD Cline, M. D.
(Address) Aurora, 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.

