

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 4 1934

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

Do not use this space.

37421

1. PLACE OF DEATH

County Leuesat Registration District No. 1102 File No. _____
Township Pascala Primary Registration District No. 758-7 (Registered No. _____)
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Pascala (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 <u>M</u> | 4. COLOR OR RACE <u>Col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>don't know</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>65</u> | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation. |
| 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) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u> | | |
| 13. NAME | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LK</u> | | |
| 15. MAIDEN NAME <u>LK</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | | |
| 17. INFORMANT (ADDRESS) <u>Grant H. Carke</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE | | |
| 19. UNDERTAKER (ADDRESS) <u>T. J. Smith</u> | | |
| 20. FILED <u>12-7-33</u> <u>Mrs. P. R. Cull</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 only, 1933.
I last saw him 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:
Tuberculosis
Date of onset _____

Other contributory causes of importance:
Senile Debility

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 _____, 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 _____
(Signed) Carlton Hill M. D.
(Address) Hugh

