

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

Do not use this space

38881

1. PLACE OF DEATH

County Wagon
Township Bohline
City Bohline (No. _____)

Registration District No. 862
Primary Registration District No. 6133

File No. _____
Registered No. 19 St. _____ Ward)

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-18-1933</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, 12 hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>Cabool Mo.</u>		
FATHER	13. NAME <u>Harold Amundson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cabool Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Dorothea L. Deckers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scraper Mo.</u>	
17. INFORMANT <u>Harold Amundson</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>Nov 20 1933</u>		
19. UNDERTAKER <u>Raymond J. Elliott</u> (ADDRESS) <u>Cabool Mo.</u>		
20. FILED <u>Nov 20 1933</u> <u>Mrs. Louis Cunningham</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1933 to Nov 19 1933
I last saw him alive on Nov 19 1933 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Unknown
Date of onset

Other contributory causes of importance
Premature infant

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

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 _____
(Signed) J. H. Adams, M. D.
(Address) Cabool 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.

