

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.

38976

1. PLACE OF DEATH

County Worth
Township Union
City Ralph (No. 113)Registration District No. 904
Primary Registration District No. 6215

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. Ralph Lemmons 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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 - 18817. AGE YEARS 51 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Worth Co. Mo. (STATE OR COUNTRY)13. NAME Levi Simons14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)15. MAIDEN NAME Bunyon16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)17. INFORMANT Mrs. Levi Simons (ADDRESS) Frank City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Madison Cemetery Nov. 16 - 193319. UNDERTAKER Long & Boyd (ADDRESS) Frank City, Mo.20. FILED Dec. 30 - 1933 Mrs. Helen O. Boyd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 - 193322. I HEREBY CERTIFY, That I attended deceased from Nov. 13 - 1933 to Nov. 14 - 1933I last saw him alive on Nov. 14 - 1933 Death is said to have occurred on the date stated above, at 7 P. M.

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

Date of onset

Other contributory causes of importance:

Name of operation Tonsillectomy Date of _____What test confirmed diagnosis? None 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. M. M. D.(Address) Frank City, 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.

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No.....
City..... (No.)..... St..... Ward.....

Do not use this space.

2. FULL NAME

(a) Residence, No..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	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)		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.

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)

13. NAME	FATHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
15. MAIDEN NAME	MOTHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE

19. UNDERTAKER
(ADDRESS)

20. FILED 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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Date of onset

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What test confirmed diagnosis?..... Was there an autopsy?

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Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.
(Specify city or town, county, and State)

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed)....., M. D.
(Address).....

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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