MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

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

Do not use this space.

114

1. PLACE OF DEATH Wright
County
Township Wood
City (No. St. Ward)

Registration District No. 908
Primary Registration District No. 6223

File No. 38532
Registered No. 52

2. FULL NAME Eual Leroy Black.
(a) Residence, No. R.F.D. 7 Mt. Grove, Mo. 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 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. 28- 1933.

7. AGE YEARS MONTHS DAYS 2 days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) R.F.D. #7
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Grove Mo.

FATHER
13. NAME Elbert Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R7 Mt. Grove Mo.

MOTHER
15. MAIDEN NAME Opal C. Zirschky
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huggins Mo.

17. INFORMANT (ADDRESS) Elbert Black. R7. Mt. Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Springs Cemetery DATE 11-30-1933

19. UNDERTAKER (ADDRESS) Elbert Black. R7 Mt. Grove, Mo.

20. FILED 11-30-1933 Bernice Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30" - 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-28-1933 to 11-30-1933
I last saw him alive on 11-28-1933 Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
160C	
160B	

160B

Other contributory causes of importance: Difficult forceps delivery.

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 ✓, 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) H. G. Frame, M. D.
(Address) Mt. Grove, Mo.