

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

Do not use this space.

39693

**1. PLACE OF DEATH**

County Franklin Registration District No. 295  
Township Marion Primary Registration District No. 4179  
City Sullivan (No. \_\_\_\_\_) 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 13 1933</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</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) Sullivan Mo.

MOTHER FATHER 13. NAME Charles C. King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo.

MOTHER 15. MAIDEN NAME Kloren J. Depew

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co

17. INFORMANT mother

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buffalo DATE Dec. 14 1933

19. UNDERTAKER (ADDRESS) Chas. P. Shaffer Sullivan Mo.

20. FILED Dec 13 1933 Joe P. Kernigan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1933, to Dec 13 1933.

I last saw him alive on Dec 13 1933. Death is said

to have occurred on the date stated above, at 4:30 P.M.

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

Circulatory insufficiency due to premature birth.

Other contributory causes of importance: 158

Name of operation 8 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) D. R. P. Rogers, M. D.

(Address) Sullivan 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.

20 1934

