

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

Do not use this space.

40495

1. PLACE OF DEATH

County Gasconade Registration District No. 417
 City North City (No.) Primary Registration District No. 3021
 St. Ward

File No.
 Registered No. 94

2. FULL NAME

(a) Residence, No. 1108 N. Nelson 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>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1933</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>8</u>
		DAYS
		<u>6</u>
		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.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pomona</u>	
	13. NAME <u>Golden Palmer</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Sarah Turner</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT (ADDRESS) <u>Golden Palmer</u> <u>North City, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Mount Hope</u> DATE <u>12/19/33</u>		
19. UNDERTAKER (ADDRESS) <u>North City Undert Co.</u> <u>North City, Mo.</u>		
20. FILED <u>12-19</u> 19 <u>33</u> <u>J. H. Craig</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1933 to Dec. 18, 1933
 I last saw him alive on Dec 15, 1933 Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
Broncho Pneumonia
 Date of onset 11 A 107 A 110

Other contributory causes of importance:
Broncho Pneumonia

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 no
 (Signed) W. S. ... M. D.
 (Address) North City, Mo.

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.

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