

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

Do not use this space.

2220

FEB 27 1934

PLACE OF DEATH

County Pulaski
Township Raubidoux
City _____ (No. _____)

Registration District No. 714
Primary Registration District No. 5944

File No. 3
Registered No. 2
St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty York
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1870
7. AGE YEARS 63 MONTHS 4 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. Farming
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) Aug. 1933 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo.

MOTHER 13. NAME C. C. York

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

15. MAIDEN NAME Berna Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Monta Mallytt
Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloodland, Mo. DATE Jan. 24, 1934

19. UNDERTAKER (ADDRESS) H. H. Hooper
Crocker, Mo.

20. FILED 2-9- 1934 S. G. Koonce
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1933, to Jan 23, 1934
I last saw him alive on Jan 23, 1934 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia, bronchitis Date of onset 1-19-34
194 B
107A

Other contributory causes of importance: Sprained spine
between 3rd & 4th
lumbar vertebrae 8-10-33
12A

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 14, 1933
Where did injury occur? near home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Industry
Manner of injury lifting log
Nature of injury spine back

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify see above
(Signed) C. Mallytt, M. D.
(Address) Crocker, Mo.

