

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.

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

Do not use this space.

1. PLACE OF BIRTH

County Adair
Township Liberty
City Adair (No. 1)

Registration District No. 978
Primary Registration District No. 5008

File No. 3794-A
Registered No. 1 St. Adair Ward 1

2. FULL NAME

(a) Residence, No. 1 St. Adair Ward 1
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/24-1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8

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) 0
11. Total time (years) spent in this occupation

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

13. NAME Geo. Wallace

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

15. MAIDEN NAME Maggie Troop

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

17. INFORMANT Geo. Wallace (ADDRESS) Adair

18. BURIAL, CREMATION, OR REMOVAL PLACE Pratt Cemetery DATE 2/1-1934

19. UNDERTAKER (ADDRESS) Adair

20. FILED 2/1 1934 Ruth Noringen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/1-1934

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1934, to 2/1, 1934. I last saw him alive on 2/1, 1934. 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:

Decidedly icterus. was the report of the mother. I saw the child one hour before he died.

Other contributory causes of importance:

Name of operation 161 Date of 161
What test confirmed diagnosis? 161 Was there an autopsy? 161

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 161 Date of injury 161, 1934. Where did injury occur? 161 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 161
Nature of injury 161

24. Was disease or injury in any way related to occupation of deceased? 161
If so, specify 161 (Signed) W. E. Munn, M. D. (Address) Noringen

