

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Bepton
City (No. _____) St. _____ Ward _____

Registration District No. 230
Primary Registration District No. 5312

File No. 4398
Registered No. _____

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>M</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>2/27/34</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.	11. Total time (years) spent in this occupation.....
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo.

FATHER 13. NAME Mr. Sinclair

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

MOTHER 15. MAIDEN NAME Williamson

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill.

17. INFORMANT (ADDRESS)
Dr. J. G. A. Herzog

18. BURIAL, CREMATION, OR REMOVAL PLACE
Bellevue Hospital

19. UNDERTAKER (ADDRESS)
Justus Heed

20. FILED Feb 4th 1934 G. G. A. Herzog Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/27/34, 1934 to 2/27/34, 1934
I last saw him/her alive on 2/27/34. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Permaternity
159
Other contributory causes of importance:

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) W. B. Keenan, M. D.
(Address) _____

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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1933

