

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Jasper Registration District No. 408  
Township \_\_\_\_\_ Primary Registration District No. 3020  
City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 5335  
Registered No. \_\_\_\_\_

2. FULL NAME Victor Berry Cline

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15-1916  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 11 27  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student  
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) Jasper Missouri  
13. NAME Wesley Cline  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton Co Missouri  
15. MAIDEN NAME Hazel Berry  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton Co Missouri  
17. INFORMANT (ADDRESS) Mrs. Alta Cline Jasper Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Water Cem. DATE Feb. 14 1934  
19. UNDERTAKER (ADDRESS) Victor Bros Jasper Mo  
20. FILED Feb 14 1934 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1934  
22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1934 to Feb 12 1934  
I last saw him alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 12 noon  
The principal cause of death and related causes of importance were as follows:  
Gangrenous Ruptured Appendix Date of onset Jan 14 1934  
Pneumonia  
Other contributory causes of importance:  
Bilateral Pneumonia  
general septicæmia  
Name of operation Appendectomy Date of 1/18-1934  
What test confirmed diagnosis? lab. clinical Was there an autopsy? no  
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? no  
If so, specify \_\_\_\_\_  
(Signed) Lloyd B. Clinton, M. D.  
(Address) Carthage Mo.

