

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 DEATH
35 County Dunklin Registration District No. 487
Township Clay Primary Registration District No. 5405
City Rolling Mo (No. 1 St. 10 Ward 10)
2. FULL NAME Robert Lee Aiken
(a) Residence, No. 1 St. 1 Ward 10
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 10 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 2 (Write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1931
7. AGE YEARS 2 MONTHS 10 DAYS 1 If LESS than 1 day, — hrs. — or — min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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 —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME L. E. Aiken
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Rachel Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT L. E. Aikins (ADDRESS) Harnersville Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE Harnersville DATE 3-4-34
19. UNDERTAKER E. M. Howard (ADDRESS) Harnersville Mo.
20. FILED 3-17-34 C. V. Cooper Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1934
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to March 3, 1934
I last saw him alive on March 1, 1934 Death is said to have occurred on the date stated above, at 1:30 P.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia 2-24-34
Other contributory causes of importance: infeels 2-24-34
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? no
If so, specify —
(Signed) Ray H. Bond M. D.
(Address) Harnersville Mo.

