

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Walnut Grove
City Walnut Grove (No. 24)

Registration District No. 925
Primary Registration District No. 5450

File No. 8648
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(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.

St. _____ Ward _____

(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)

Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan - 22 - 1931

7. AGE

YEARS

3

MONTHS

1

DAYS

6

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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)

11. Total time (years) spent in this occupation

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

Greene County Missouri

13. NAME

Max C. Bowman

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

Greene Co. Missouri

15. MAIDEN NAME

Pauline Kemmer

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

Jack County Missouri

17. INFORMANT (ADDRESS)

Max C. Bowman Walnut Grove Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACES Walnut Grove DATE March - 9

19. UNDERTAKER (ADDRESS)

Brian Funeral Home Walnut Grove Mo

20. FILED

3-9 1934

Walnut Grove

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 8 1934

22. I HEREBY CERTIFY That I attended deceased from March - 8 1934

I last saw her alive on No record - 19____ Death is said

to have occurred on the date stated above, at 12:30 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 11A

Date of onset 3-5-34

This child died without a physician but from history from parents the above would be the diagnosis from history
Influenza

Name of operation none

Date of _____

What test confirmed diagnosis? History 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? ✓

If so, specify _____

(Signed) L. E. McElhiney

M. D.

(Address) Walnut Grove Mo

