

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

Do not use this space.

1. PLACE OF DEATH

County Dade County
Township Fuller
City Lackwood (No. _____)

Registration District No. 238
Primary Registration District No. 4145

File No. 12358
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7-1893</u>		
7. AGE <u>40</u>	YEARS <u>8</u>	MONTHS <u>14</u>
		DAYS <u>14</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>		
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) <u>Lackwood Mo</u>		
13. NAME <u>Mr P. Bird</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade County</u>		
15. MAIDEN NAME <u>Marney Belle Krentz</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lackwood Mo</u>		
17. INFORMANT (ADDRESS) <u>Alfred W. Walters</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kemper</u> DATE <u>April 9, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Paul E. Pinkston</u>		
20. FILED <u>4-8</u> 1934 <u>J. H. Wren</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 7 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1934, to Apr 7 1934

I last saw him alive on Apr 6 1934. Death is said to have occurred on the date stated above, at 1:15 p m.

The principal cause of death and related causes of importance were as follows:
Cardiac Dilation Apr 7-34
Status Epilepticus Mar 22-34

Other contributory causes of importance:
Grand Mal unknown

Name of operation none Date of _____

What test confirmed diagnosis? none 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 Paul E. Pinkston DO
(Signed) _____ (Address) Lackwood Mo

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.

1934
29
4
6

