

MAY 25 1934

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

Do not use this space.

15435

1. PLACE OF DEATH

County Stoddard
Township Newton
City Blount (No. _____)

Registration District No. 834
Primary Registration District No. 699
6103

File No. _____
Registered No. 16
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. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-10-1933</u>		
7. AGE	YEARS	MONTHS
		<u>8</u>
		<u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>✓</u>
	10. Date deceased last worked at this occupation (month and year)	<u>✓</u>
	11. Total time (years) spent in this occupation	<u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo13. NAME J. D. Lewis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo15. MAIDEN NAME Hattie Dixon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wang Co. Illinois17. INFORMANT (ADDRESS) Blount #1 Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Oakridge Camp Mo 4-18 193419. UNDERTAKER (ADDRESS) Spilled Undertaking Co. Blount Mo20. FILED 4-24 1934 J. M. Kearley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 193422. I HEREBY CERTIFY, That I attended deceased from 4-14-1934 to 4-17-1934I last saw him alive on 4-14-1934 Death is saidto have occurred on the date stated above, at 9 a.m.

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

Bronchial Pneumonia Date of onset 3 wks

Other contributory causes of importance:

MeaslesName of operation none Date of _____What test confirmed diagnosis? Chauld 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) S. S. Davis, M. D.(Address) Blount Mo

N. E.—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.

