

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

County Butler JAN 1 4 1935 Registration District No. 990  
Township St. Francois Primary Registration District No. 9133  
City 4 mi. N. of Roubidoux (No. ...., St. .... Ward)

File No. 15924-A  
Registered No. B

2. FULL NAME Erma Bounds

(a) Residence, No. 4 mi. N. of Roubidoux Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bailey Albert Bounds  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 1904  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
29 8 2  
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife  
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) unknown

13. NAME Bailey Walker

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

15. MAIDEN NAME unknown

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

17. INFORMANT C. H. Moore  
(ADDRESS) Wappeller Mrs. Postgen. del.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Little B. rushy DATE May 23 1934

19. UNDERTAKER Green Undertaking Co.  
(ADDRESS) 801 N. 1st St. St. Louis, Mo.

20. FILED May 31 1934 Allgall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1934

22. I HEREBY CERTIFY That I attended deceased from 6-1- 1933 to May 22 1934  
I last saw him alive on Feb 1 1934 Death is said to have occurred on the date stated above, at 7 P. m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset Feb 32

Other contributory causes of importance: 23

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?.....

If so, specify (Signed) Mrs. H. H. H. H., M. D.  
(Address) 946 B. St. St. Louis

