

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Central
City St. Clair (No. _____)

Registration District No. 294
Primary Registration District No. 4128

File No. 16303
Registered No. 19
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. 2 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 (use the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

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) St. Clair, Mo.

13. NAME A. L. Jackson 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Mo.

15. MAIDEN NAME Leona M. Ruffley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yuba, Mo.

17. INFORMANT (ADDRESS) A. L. Jackson, St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Yuba, Mo. DATE May 20, 1934

19. UNDERTAKER (ADDRESS) Wm. E. Egan, St. Clair, Mo.

20. FILED 5/19 1934 W. W. Dyckhouse Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934 to May 19, 1934

I last saw her alive on May 19, 1934 Death is said to have occurred on the date stated above, at 4:00 m.

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

Pulmonary atelectasis
159 / 161A / 161B
Other contributory causes of importance: Immature Congenital Development
Date of onset May 17/34

Name of operation _____
What test confirmed diagnosis? Clinical symptoms 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) C. F. Brieleb, M. D.
(Address) St. Clair, 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.

JUN 21 1934

