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

Do not use this space.

17734

1. PLACE OF DEATH

County Polk — Registration District No. 702 — File No. 7

Township Madison — Primary Registration District No. 4423 — Registered No. 7

City [illegible] (No. ..... , ..... St. ..... Ward)

2. FULL NAME

(a) Residence, No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 4 34

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 4 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): Fair Play Mo

FATHER

13. NAME: Henry S Manning
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Douglas Co Mo

MOTHER

15. MAIDEN NAME: Lillie May Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls Co Mo

17. INFORMANT (ADDRESS): Henry S Manning, Fair Play Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barren Creek Cem May 5, 1934

19. UNDERTAKER (ADDRESS): A B Wright, Fair Play Mo

20. FILED May 5, 1934 L L Hunt, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to May 4, 1934
I last saw her alive on May 4, 1934. Death is said to have occurred on the date stated above, at 7:12 noon m.
The principal cause of death and related causes of importance were as follows:

Premature birth — Date of onset

Other contributory causes of importance: #

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) Chas H Brown, M. D.
(Address) Fair Play 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 25 1934