

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

Do not use this space.

24009

1. PLACE OF DEATH

County Pike Registration District No. 293
Township Pacific Primary Registration District No. 4177
City (No.) St. Ward)

File No.
Registered No.

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 M 4. COLOR OR RACE Negro 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) June - 27 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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) Pacific, Mo

13. NAME Eugene Adams

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

15. MAIDEN NAME Hazel Woods

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

17. INFORMANT (ADDRESS) Carrie Woods Pacific, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Pacific, Mo July 20, 1946

19. UNDERTAKER (ADDRESS) John J. Williams Pacific, Mo

20. FILED 8-5-46 34 92 1946 D. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1946

22. I HEREBY CERTIFY that I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at 10:45 AM.

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

Undernourished and lack of care
1945 1946
cutting teeth

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? 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) E. T. Washington Coronary
Labadie, Mo
(Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 15 1946

