

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

Do not use this space.

**1. PLACE OF DEATH**

County Haskell Registration District No. 387  
Township Greeneck Primary Registration District No. 5-3-40  
City Pomona Hospital No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 24315  
Registered 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.

Robert Jean Childers

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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) July 29, 1934  
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. X  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pomona, Mo.

13. NAME Robert Childers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kincaid, Kans.

15. MAIDEN NAME Lydia Lavona Peoples

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creston, Iowa

17. INFORMANT (ADDRESS) Lavona Childers

18. BURIAL, CREMATION, OR REMOVAL  
PLACE \_\_\_\_\_ DATE July 29, 1934

19. UNDERTAKER (ADDRESS) 29

20. FILED July 30, 1934 Bessie L. Surrage Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1934  
22. I HEREBY CERTIFY, that I attended deceased from July 29, 1934 to July 29, 1934  
I last saw him alive on July 29, 1934 Death is said to have occurred on the date stated above, at 3:10 P.M.

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

Premature birth Date of onset \_\_\_\_\_

151-157

Other contributory causes of importance:

Mother burned in coal oil explosion, spine burned with several pharyngeal ams  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Ray of pharynx 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 July 11, 1934

Where did injury occur? West Caldwell Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
in home

Manner of injury mother badly burned  
Nature of injury ams shoulder body & head

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) P. J. Coor \_\_\_\_\_, M. D.

(Address) Pomona, 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. AUG 15 1934

