

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 604
 Township Marion Primary Registration District No. 433-6
 City U (No. _____) St. _____ Ward _____

File No. 25673

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1912

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 22

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

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. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

thru by cut
from a stone
173
173
 Other contributory causes of importance:
None

13. NAME Wick

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Mr. E. E. E. E.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Shield Cem. DATE 7/24, 1934

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS) None

If so, specify Chas. M. M. M. (Signed) _____, M. D.

20. FILED 7/24/34 J. J. J. Registrar.

(Address) Marion

M. C. M.

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.

WRITE PLAINLY, WITH CAPITAL LETTERS

