

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

Do not use this space.

1. PLACE OF DEATH

County Liberty
Township Liberty
City Liberty (No. _____)

Registration District No. 712
Primary Registration District No. 5941

File No. 25979
Registered No. 16
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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 18-1911</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>5</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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) <u>1-33</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jowa</u>		
MOTHER	13. NAME <u>William D Stewart</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo</u>	
	15. MAIDEN NAME <u>Ester Mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo</u>	
17. INFORMANT <u>W D Stewart</u> (ADDRESS) <u>Liberty Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty</u> DATE <u>7-15th 34</u>		
19. UNDERTAKER (ADDRESS) <u>R. B. Jones</u>		
20. FILED <u>7/13-34</u> <u>Dr. A. Oliver</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1934 to 7-12-1934. I last saw him alive on 7-7-1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
23A
Tuberculated Pulmonary 1932
Other contributory causes of importance: unknown

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) R. B. Jones, M. D.
(Address) Liberty Mo

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 18 1934

Howlett

