

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.

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

Do not use this space.

30124

1. PLACE OF DEATH

County Miss. Registration District No. 5-67
 Township Wolf Island Primary Registration District No. 5-763
 City (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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1903-7-10

7. AGE YEARS 31 MONTHS 1 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. former

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) Florida

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT M. C. ... Rt. 2
 (ADDRESS) 6 ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill DATE 8/17/34

19. UNDERTAKER Miss Shelby
 (ADDRESS) Chapel Hill

20. FILED Sept 3 1934 Registrar W. H. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16/34

22. I HEREBY CERTIFY, That I attended deceased from June 10 1934, to 8/16/34, 1934

I last saw him alive on Aug 16/34 1934. Death is said to have occurred on the date stated above, 2:30 P.M.

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

Obstruction Bowels July 10, 1934
1910
1928/2/1/34

Other contributory causes of importance:
Operated upon for appendicitis July 8/34

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 _____, 1934

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) E. P. Martin, M. D.

(Address) Princeton, Mo.

