

SEP 5 1934

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

Do not use this space.

31699

1. PLACE OF DEATH

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Child

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

8-12-1934

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him on 8-13-1934 death is said

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

Feb 2-1924

to have occurred on the date stated above, at 8 am.

7. AGE

10

YEARS

MONTHS

6

DAYS

10

If LESS than 1 day, hrs. or min.

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

OCCUPATION

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

Cairo Ill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

accidental shot while playing with a gun

Other contributory causes of importance:

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

Cairo Ill

13. NAME

W. A. Poseleit

Name of operation

Date of

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

Crawford Co. Ark

What test confirmed diagnosis?

Was there an autopsy?

15. MAIDEN NAME

Ruth Young

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury 8-12-1934

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

Fairfield Ill

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)

Mrs W. A. Poseleit

Number of injury

Nature of injury

18. BURIAL CREMATION OR REMOVAL

PLACE

Gablex Mob

DATE 8-13-34

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

If so, specify

19. UNDERTAKER (ADDRESS)

Iron

(Signed)

(Address)

20. FILED

8-10-1934

John H. Baxter

Registrar.

P. Thornhill Colburn
Braunson, 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.

NO. 50 20

