

OCT 29 1934

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

Do not use this space.

33638

1. PLACE OF DEATH

County Pemscot
 Township Carter Mo
 City Carter Mo (No. _____)

Registration District No. 6576
 Primary Registration District No. 573

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-25-1932</u>				
7. AGE	YEARS <u>2</u>	MONTHS <u>2</u>	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. _____			
	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) <u>Carter Mo</u>				
FATHER	13. NAME <u>Chris Woster</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baxter Ark</u>			
MOTHER	15. MAIDEN NAME <u>Mamie Henderson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co Ark</u>			
17. INFORMANT <u>Chris Woster</u> (ADDRESS) <u>Carter Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>St Zion</u> DATE <u>9-29-34</u>				
19. UNDERTAKER <u>Gerron Wright Co</u> (ADDRESS) <u>Steele Mo</u>				
20. FILED <u>10-26-1934</u> <u>J. M. Briganee</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-193422. I HEREBY CERTIFY, That I attended deceased from 9-26-1934 to 9-28-1934

I last saw h. W alive on 9-26-1934. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Date of onset

Acute Infectious Dysentery
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Other contributory causes of importance:

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 _____, 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) P. E. Cooper, M. D.
 (Address) Carter, 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.

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