

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

Do not use this space.

35017

OCT 12 1934

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 193 St. Ward)

2. FULL NAME Sylvia Lea Cline

(a) Residence, No. 616 South Pine St. Ward. Joplin Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1934, to 9-24, 1934. I last saw her alive on 9-24 ^{AM}, 1934. Death is said to have occurred on the date stated above, at 10 P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th, 1914

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 9 29

Chronic poisoning
Alcohol & morphine
Ch. Interstitial
nephritis
Date of onset 6.22.34
13!
7.25
132B

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

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) Green Co. Mo. (STATE OR COUNTRY)

Other contributory causes of importance:
more

13. NAME Vernon L. Cline

Name of operation more Date of Mo

14. BIRTHPLACE (CITY OR TOWN) Boone, Iowa (STATE OR COUNTRY)

What test confirmed diagnosis? Was there an autopsy? Mo

15. MAIDEN NAME Caroline Braswell

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) Alton, Mo. (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 Caroline Bolan (ADDRESS) Nevada, Mo.

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton, Mo. DATE Sept. 27th, 1934

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

19. UNDERTAKER Eichinger Funeral Home (ADDRESS) Nevada, Mo.

If so, specify (Signed) [Signature], M. D.

20. FILED Sept. 26, 1934 M. Eichinger Registrar.

(Address) Nevada, Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. FINGERPRINTS should be taken. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

