

NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township
City Marquand (No. _____)

Registration District No. 539
Primary Registration District No. 4320

File No. 36645
Registered No. 89
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. 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 Girl 4. COLOR OR RACE American White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) 10-14-33 11. Total time (years) spent in this occupation 2 mo

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

13. NAME Alma Helen Raule

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

15. MAIDEN NAME Elia Whitmer

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

17. INFORMANT Myrtle Raule (ADDRESS) Marquand, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Whitmer Cemetery DATE 10-15 1934

19. UNDERTAKER E. C. Homan (ADDRESS) Marquand, Mo.

20. FILED 10-15 1934 S. A. Searles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1933 to Oct 14 1934. I last saw h. as alive on Sept 13 1934. Death is said to have occurred on the date stated above, at 10 A. m. The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Feb 1933
23rd
W.B.
Longeal Tuberculosis May 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory 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? _____
If so, specify _____ (Signed) S. O. Searles, M. D.
(Address) Fredericktown

By E. A. Schwane

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.

62
2

