

NOV 9 1934

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

Do not use this space.

36787

1. PLACE OF DEATH

79 County New Madrid Registration District No. 605
Township Como Primary Registration District No. 4339
City (No.) St. Ward

2. FULL NAME

Howard Lee DeFrow
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 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) Sept. 21, 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29

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) Rice
(STATE OR COUNTRY) Mo. New Madrid Co.

MOTHER FATHER
13. NAME Carl DeFrow

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

15. MAIDEN NAME Ruby Fowler

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

17. INFORMANT Carl DeFrow
(ADDRESS) Tallapoosa Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parma DATE Oct. 20 1934

19. UNDERTAKER Z. C. Knight
(ADDRESS) Parma, Mo.

20. FILED Nov. 5 1934 Dr. DeW. Justis
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1934, to Oct 20 1934

I last saw h. in alive on Oct 19 1934. Death is said

to have occurred on the date stated above, at 9 P m.

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

Septic Meningitis Date of onset 10/14/34

89a

Other contributory causes of importance:

Acute Otitis Media
(Congenital?)

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?

If so, specify

(Signed) James Mac Cleve M. D.

(Address) Malden 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.

