

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.

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 *Putnam*
Township *Jackson*
City (No.)

Registration District No. *718*
Primary Registration District No. *2949*

File No. *37047*
Registered No. *28*
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 *Female* 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 *X*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 20th 1933*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8 11

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)

Infant

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Putnam Mo*

13. NAME *Phyllis Jean Christian*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Putnam County Mo*

15. MAIDEN NAME *Dore Spriger*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Putnam County Mo*

17. INFORMANT *Next Spriger*

18. BURIAL, CREMATION, OR REMOVAL

PLAC *Union Grove County* DATE *Oct 21 34*

19. UNDERTAKER *Conatock*

(ADDRESS) *Unionville Mo*

20. FILED *Oct 3 1934* *J. W. Gillman* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 18th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 13th 1934* to *Oct 18th 1934*

I last saw her alive on *Oct 15th 1934* Death is said

to have occurred on the date stated above, at *57* m.

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

Bronchopneumonia
11/18/34
1934
1934
Other contributory cause of importance:
Enteritis & Coliculus

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) *H. A. Steele* M. D.

(Address) *Lucerne Mo*

