

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Texas
Township Oliver
City _____ (No. _____)

Registration District No. 859
Primary Registration District No. 6138

File No. 38270
Registered No. 31
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 13 1885</u>				
7. AGE	YEARS <u>49</u>	MONTHS <u>2</u>	DAYS <u>4</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>New Pittsburg Ind</u>				
FATHER	13. NAME <u>Simon Underbaugh</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Pittsburg Ind</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Mayo</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Pittsburg Ind</u>			
17. INFORMANT <u>James C. Rose</u> (ADDRESS) <u>Benson mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mountains View bury</u> DATE <u>10/16 34</u>				
19. UNDERTAKER <u>None</u> (ADDRESS) _____				
20. FILED <u>10/16 34</u> <u>John H. Baater</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934 to Oct 15 1934

I last saw her alive on Oct 15 1934. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Pulmonary Tuberculosis Date of onset _____

Kidney Complication

(Other contributory causes of importance: 23)

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 C. P. Marlin, M. D.
(Signed) _____
(Address) Rockaway Beach mo.

