

DEC 21 1934

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

Do not use this space.

38276

1. PLACE OF DEATH

County Jenny
Township Cedar Creek
City Cedar Creek (No. St. Ward)

Registration District No. 861
Primary Registration District No. 6130

File No.
Registered No. 17

2. FULL NAME

(a) Residence, No. St. Ward.
(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

3. SEX Boy 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-8-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 12

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Child
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 COUNTY) Jenny Co. Mo.

13. NAME Bill Persinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenny Co Mo.

15. MAIDEN NAME Topsy Blackwell

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

17. INFORMANT Bill Persinger
(ADDRESS) Cedar Creek

18. BURIAL, CREMATION, OR REMOVAL PLACE Brittain Entry 10/21

19. UNDERTAKER None
(ADDRESS)

20. FILED: 12-20-34 Irene Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him alive on 10/20, 1934. Death is said to have occurred on the date stated above, at m.

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

2 mo. child stomach trouble

Other contributory causes of importance:

199B

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) Pa. Thornhill Co. Corner
(Address) Braunson, Mo.

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.

