

DEC 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township Parma
City Parma - Mo. (No.)

Registration District No. 605
Primary Registration District No. 5804

File No. 40146
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Parma - Mo. 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 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) 1-28-28

7. AGE 6 YEARS 6 MONTHS 24 DAYS If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) Essex Mo. (STATE OR COUNTRY)

13. NAME Albert Stevens

14. BIRTHPLACE (CITY OR TOWN) Assistore Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Winnie Cleverge

16. BIRTHPLACE (CITY OR TOWN) Wayne City Ill. (STATE OR COUNTRY)

17. INFORMANT Albert Stevens (ADDRESS) Parma - Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Removal DATE 11-8 1934

19. UNDERTAKER none (ADDRESS)

20. FILED 11/8 1934 Dr. Courtland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6- 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-4, 1934, to Nov-6, 1934

I last saw him alive on Nov-6, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

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

Lobar Pneumonia Date of onset 11-1-34

Other contributory causes of importance:

Acute Bronchitis 2 wks.

Name of operation Date of

What test confirmed diagnosis? clinical 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? no

If so, specify

(Signed) John Best, M. D.

(Address) Parma - 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.

