

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

Do not use this space.

NOV 21 1934

1. PLACE OF DEATH

County Stoddard
Township Over Creek
City Jacksboro (No. _____)

Registration District No. 840
Primary Registration District No. 6102

File No. 41668
Registered No. 53
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>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15, 1933</u>		
7. AGE	YEARS	MONTHS
		<u>10</u>
		<u>24</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkton Mo

MOTHER FATHER
13. NAME Jess Dowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell, Mo

15. MAIDEN NAME Goddie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden, Mo

17. INFORMANT (ADDRESS) Jess Dowler
Purdie, Mo 843

18. BURIAL, CREMATION, OR REMOVAL PLACE Jagan Cemetery DATE Nov 9 1934

19. UNDERTAKER (ADDRESS) Thermon - White Store Co
Jacksboro Mo

20. FILED Nov 9 1934 C. L. Hape Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1934

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

I last saw h. alive on _____, 19____ Death is said

to have occurred on the date stated above, at 2:30 a.m.

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

From history of case died suddenly and nothing - been sick about 12 wks

Date of onset

Other contributory causes of importance:

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? Yes

If so, specify _____

(Signed) E. R. Purdie, M. D.

(Address) Purdie, 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.

