

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH

County Benton
Township Town
City (No. _____) _____

Registration District No. 61
Primary Registration District No. 5096

41932

File No. _____
Registered No. 520
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 F 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) Dec 25 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
<u>Infant</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u>

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) Benton Co Mo

13. NAME East Downing

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

15. MAIDEN NAME Agnes Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

17. INFORMANT E. C. Pellor
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shady Grove DATE 12-26 1934

19. UNDERTAKER (ADDRESS) Z. M. White
Warren Mo

20. FILED 12/25 1934 J. A. Rogers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25 1934

I HEREBY CERTIFY, That I attended deceased from 12-25, 1934 to _____, 19____

I last saw her alive on 12-25, 1934. Death is said to have occurred on the date stated above, at 1:20 a.m.

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

Un developed Child
Spina Bifida
Other contributory causes of importance: _____
1596 1576

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) E. C. Pellor M. D.
(Address) Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

