

N. B.—Every item of information should be carefully supplied. AGE must 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.

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

Do not use this space.

43814

32

1. PLACE OF DEATH

County Portage  
Township Portage  
City Portage (No. 5806)

Registration District No. 607  
Primary Registration District No. 5806

File No. 32  
Registered No. 32  
St. Portage Ward 1

2. FULL NAME

(a) Residence, No. Portage Ward. 1  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (If life the word) <u>Child</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-3-31</u>		
7. AGE <u>3</u> YEARS <u>3</u> MONTHS <u>9</u> DAYS	If LESS than 1 day, ..... hrs. or ..... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>		
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>Portageville, Mo.</u>		
13. NAME <u>William H. Adams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville, Mo.</u>		
15. MAIDEN NAME <u>Jessie Thosper</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville, Mo.</u>		
17. INFORMANT (ADDRESS) <u>W. H. Adams</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portageville</u> DATE <u>12-13-34</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Adams</u>		
20. FILED <u>12/19</u> 19 <u>34</u> <u>W. H. Adams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-34

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1934 to 12/12, 1934  
I last saw him alive on 12/12, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Scarlet fever.  
Date of onset 8

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? .....  
If so, specify Scarlet fever. (Signed) J. W. Bess. M. D.  
(Address) Portageville, Mo.

