

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 PikeRegistration District No. 667Township LemontPrimary Registration District No. 4400City Lemont (No. 5888)File No. 43937Registered No. 13St. Ward)

2. FULL NAME

(a) Residence, No. Lemont Mo 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

M

4. COLOR OR RACE

W

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 7 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 70 hrs. or 70 min.

OCCUPATION

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) Mo13. NAME Bartrand Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Laura Gunnalt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Guiland Anderson

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel MoDATE 11/1/35

1934

19. UNDERTAKER (ADDRESS) W. F. Parker20. FILED Dec 7, 1934W. F. Parker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 193422. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934, to Dec 7, 1934I last saw him alive on Dec 7, 1934 Death is saidto have occurred on the date stated above, at 10:00 m.

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

Date of onset

0 Premature Birth
159 5 1/2 mo.

Other contributory causes of importance:

159Name of operation ✓ Date of ✓What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) W. F. Parker

M. D.

(Address) W. F. ParkerW. F. Parker

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

