

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.

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

Do not use this space.

County.....Slone.....
Township.....Lincoln.....
City.....

Registration District No. 842
Primary Registration District No. 6259

File No. 11641
Registered No.
St. Ward

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred			How long in U. S., if of foreign birth?		
yrs.	mos.	ds.	yrs.	mos.	ds.

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <i>infant</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>no</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 2 1935</i>			
7. AGE	YEARS	MONTHS	DAYS
	<i>— —</i>	<i>—</i>	<i>26</i>
			IF LESS than 1 day, ...hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw her alive on Feb 2, 1935. Death is said
to have occurred on the date stated above, at 6 4 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	none
	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	

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Stone Co. Mo

13. NAME Ike Brown

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

15. MAIDEN NAME Virginia Stephens

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

17. INFORMANT (ADDRESS) 14c Brown
Adelma Mo Rt 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quail Spur Cem DATE Mar 1 1932

19. UNDERTAKER (ADDRESS) Ike Brown acting
Galena Mo. Bt.

20. FILED 3-10 1935 Mrs Ethel H. Vagg

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.....

(Signed) Jeffrey M. D.

(Address) St. Louis 18 MO

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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stone

Registration District No. 842

Township

Primary Registration District No. 6259

City

(No. 1)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

—

—

26

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED 3/10

1935 M. W. Ethel Registrar

MEDICAL CERTIFICATE OF DEATH

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

mch 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at m.

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

Date of onset

accidental
suffocation

Other contributory causes of importance

bed clothing

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? accident Date of injury mar, 1935

Where did injury occur? at home

(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 suffocated by bed clothing

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

JUN 4 1935

JUN 28 1935

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