

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.

JUN 27 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

17467

## 1. PLACE OF DEATH

County Pulaski  
 Township Sumner  
 City Sumner (No.        St.        Ward       )

Registration District No. 716  
 Primary Registration District No. 594 5

File No.         
 Registered No. 7

## 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
		<u>13</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>
	11. Total time (years) spent in this occupation <u>Unknown</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski, Mo.</u>
	13. NAME <u>Edward Williams</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski, Mo.</u>
	15. MAIDEN NAME <u>Marie Louise Williams</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski, Mo.</u>

17. INFORMANT (ADDRESS) <u>Edward Williams</u> <u>Sumner, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner, Mo.</u> DATE <u>May 9th 1935</u>
19. UNDERTAKER (ADDRESS) <u>Funeral Home</u> <u>Sumner, Mo.</u>
20. FILED <u>May 9 1935</u> <u>H. L. Lee</u> Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1935

22. I HEREBY CERTIFY That I attended deceased from May 8 1935 to May 8 1935  
 I last saw him alive on May 8 1935. Death is said to have occurred on the date stated above, at 10:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Whooping Cough Date of onset May 3/35

Other contributory causes of importance:  
Broncho Pneumonia May 4/35

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) H. L. Lee, M. D.  
 (Address) Sumner, Mo.

