

JUL 17 1935

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

Do not use this space.

18900

1. PLACE OF DEATH

County AndrewRegistration District No. 912

Township

Primary Registration District No. 4550City Dandania (No. _____)

File No. _____

Registered No. 18

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 18517. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 6 8

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 A. J. Threw14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO15. MAIDEN NAME Billy G. Rutledge16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO17. INFORMANT (ADDRESS) Mrs J. Lewis Dandania MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Myrna DATE June 3 193519. UNDERTAKER (ADDRESS) W. H. Waters Dandania MO20. FILED June 3, 1935 Mollie Fugue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-35, 193522. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to June 2, 1935I last saw him alive on June 1, 1935. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Chronic Bronchitis
Cause of Stomach

Date of onset

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.....

(Signed) H. H. Blaud, M. D.(Address) Dandania MO

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.

