

JUL 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19378

1. PLACE OF DEATH

County GreeneTownship SalineCity SenathRegistration District No. 250Primary Registration District No. 5408

File No.

Registered No. 37

St. Ward)

2. FULL NAME

(a) Residence, No. Senath 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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF g6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7-19117. AGE YEARS 23 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Famer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Famer

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) Senath13. NAME Louis Bowman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath15. MAIDEN NAME Lizzie Brock16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath17. INFORMANT Louis Bowman (ADDRESS) Senath18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist DATE 6-8 19. 3519. UNDERTAKER H. A. Cunningham (ADDRESS) Senath20. FILED 7-1 1935 Trappide Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7- 193522. I HEREBY CERTIFY That I attended deceased from June 15 1935 to June 7th 1935I last saw him alive on May 15 1935 Death is saidto have occurred on the date stated above, at 6 P m.

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

Pulmonary tuberculosisOther contributory causes of importance: g

Name of operation

What test confirmed diagnosis? g Was there an autopsy?

28. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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 Phylis Brock M. D.(Signed) Phylis Brock M. D.(Address) Senath 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.

