

JUL 25 1935

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

Do not use this space.

20561

1. PLACE OF DEATH

County Wodaway Registration District No. 630  
Township Mionrae Primary Registration District No. 5832  
City Skidmore Mo (No. .... St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME Unnamed Child Vern A. Dolph

(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 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) June 1st, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 30

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 Vern A. Dolph

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

MOTHER 15. MAIDEN NAME Alma E. Duncan

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

17. INFORMANT Vern Dolph (ADDRESS) Skidmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunlapton, Mo. DATE June 2, 1935

19. UNDERTAKER Price Funeral Home (ADDRESS) Marionville Mo.

20. FILED June 6, 1935 Dr. J. C. Manning Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to June 1st, 1935  
I last saw him alive on June 1st, 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:

..... Date of onset

Premature death  
Other contributory causes of importance:  
15

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) Dr. J. C. Manning, M. D.

(Address) Skidmore 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.

