

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.

MOG 21 1935

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

Do not use this space.

23470

1. PLACE OF DEATH

County *Jefferson*

Registration District No. *421*

Township *First*

Primary Registration District No. *4249*

City *First*

(No.)

St.

Ward)

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

Female white

4. COLOR OR RACE

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

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

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

May 1-1932

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

3

2

12

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)

First Mo

13. NAME

Byrl Sims

MOTHER FATHER

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

First River Mo

15. MAIDEN NAME

Emma Wilburn

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

First Mo

17. INFORMANT (ADDRESS)

Byrl Sims First Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

First

DATE

7/15 1935

19. UNDERTAKER (ADDRESS)

First Co. First Mo

20. FILED

8/10 1935

J. E. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

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

7-19 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 15, 1935, to July 13, 1935

I last saw him alive on *July 12, 1935*. Death is said

to have occurred on the date stated above, at *2:29 a.m.*

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

Remittent malaria

Date of onset *June 15*

Other contributory causes of importance:

Chronic vascular disease of heart, Mitral Stenosis

Unknown

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

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) *J. E. Rutledge*

M. D.

(Address) *First Mo*

