

SEP 20 1935

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

Do not use this space.

26217

1. PLACE OF DEATH

County GreeneRegistration District No. 322Township FranklinPrimary Registration District No. 5446

City (No. _____)

File No. _____

Registered No. 54

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Fairview R² 1 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 <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) <u>May 3-1935</u>		
7. AGE YEARS —	MONTHS —	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		11. Total time (years) spent in this occupation
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)		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fairview R² 1 Mo</u>
	13. NAME <u>Adams C. Nunley</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Early Gladys Smith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>A. C. Nunley</u> (ADDRESS) <u>Fairview Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty County Mo Aug 7 1935</u>	
19. UNDERTAKER (ADDRESS) <u>Mo</u>	
20. FILED <u>Aug 7 1935</u> <u>Allan Barnes</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 7 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 8 1935</u> to <u>Aug 6 1935</u> I last saw him alive on <u>Aug 6 1935</u> Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Obstetrical Ectopia with Intra-cranial Injury.</u> <u>160 1/2</u> Other contributory causes of importance: Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Chloroform</u> Was there an autopsy? <u>No</u>
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 <u>10</u> Nature of injury <u>10</u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>A. P. H. Focht M.D.</u> M. D. (Address) <u>570 1/2 7th Mo</u>

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.

