

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

Do not use this space.

SEP 8 1935

27219

1. PLACE OF DEATH

County Ozark
Township Rushland
City (No)

Registration District No. 650
Primary Registration District No. 5861

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>+</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3 1935</u>		
7. AGE YEARS	MONTHS	DAYS
		4
		If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Beauch Mo
(STATE OR COUNTRY)

FATHER 13. NAME Floyd Rackley

FATHER 14. BIRTHPLACE (CITY OR TOWN) Beauch Mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Edith Riley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Beauch Mo
(STATE OR COUNTRY)

17. INFORMANT Floyd Riley
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caton DATE Aug 8 1935

19. UNDERTAKER None
(ADDRESS)

20. FILED Aug 9 1935 J. A. Balty MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1935, to Aug 7 1935
I last saw her alive on Aug 3 1935. Death is said to have occurred on the date stated above, at 3 P.m.

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

Spiral Bifida

Date of onset

Other contributory causes of importance:

Handwritten signature/initials

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) J. A. Balty, M. D.
(Address) Dora 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.

