

DEC 28 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31685-6

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District 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

F

4. COLOR OR RACE

W

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

S

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

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

Sept 6 - 35

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ...hrs.
or min.

19

OCCUPATION

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

None

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Wayne Co Mo

MOTHER FATHER

13. NAME

Carl Adams

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

Wayne Co Mo

15. MAIDEN NAME

Inez Montgomery

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

Wayne Co Mo

17. INFORMANT
(ADDRESS)Carl Adams
Sena

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Bourne Co

9/26

19. UNDERTAKER
(ADDRESS)

None

20. FILED

9/26

1935

H. J. Thompson

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 26, 1935

22. I HEREBY CERTIFY That I attended deceased from

Sept 6, 1935, to Sept 25, 1935

I last saw him alive on Sept 6, 1935. Death is said

to have occurred on the date stated above, at 6 A. m.

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

Premature Birth

Date of onset

Other contributory causes of importance

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)

Geo F Wagner

, M. D.

(Address)

Greenville, 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.

