

NOV 26 1935

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

Do not use this space.

33064

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No.)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No. (St. Hosp. Ward)

2. FULL NAME

(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 male 4. COLOR OR RACE w 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) Oct 6 1935

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

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) Jasper Mo

13. NAME D. C. Cool

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

15. MAIDEN NAME Leona E Warren

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

17. INFORMANT (ADDRESS) C. C. Cool Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frank Maus DATE 10-9-35

19. UNDERTAKER (ADDRESS)

20. FILED 10-8-35 1935 Ed J. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1935

22. HEREBY CERTIFY, That I attended deceased from 10-6-35 to 10-6-35 1935
I last saw him alive on 10-4-35 1935 Death is said to have occurred on the date stated above, at 9 p.m.

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

Premature Birth

Other contributory causes of importance:

6 weeks premature cause 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 , 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. H. Stuard, M. D.
(Address) Jasper 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.

