

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1935

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

Do not use this space.

33397

1. PLACE OF DEATH

County Thosissippi
Township Springfield
City Charleston

Registration District No. 369
Primary Registration District No. 3765

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

2. FULL NAME

(a) Residence, No. RFD # 3 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Charleston, W. Va.

13. NAME J. P. Deau

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

15. MAIDEN NAME Rainy Goble

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

17. INFORMANT (ADDRESS) J. P. Deau RFD # 3, Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DAY Oct. 15 1935

19. UNDERTAKER (ADDRESS) Frank Law Funeral Service Charleston Mo.

20. FILED Oct 14 1935 W. H. A. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14 1935 11:30 A.M.

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1935, to Oct 14th 1935. I last saw h. alive on Oct 14th 1935. Death is said to have occurred on the date stated above, at 11:30 am. The principal cause of death and related causes of importance were as follows:

Date of onset _____
11:30 am
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify _____
(Signed) A. M. ... M. D.
(Address) ...

