

JAN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Missouri
Township Ohio
City (No. _____) _____

Registration District No. 569
Primary Registration District No. 5763

File No. 40349
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wyatt road 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 - 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>7</u>		<u>28</u>	

8. Trade, profession, or particular kind of work done, as planer, 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) Miss to Ala

13. NAME Stephen Miller

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

15. MAIDEN NAME Jam H Humphreys

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

17. INFORMANT Stephen Miller (ADDRESS) Wyatt road

18. BURIAL, CREMATION, OR REMOVAL PLACE Bush Lodge DATE Dec 13 35

19. UNDERTAKER Rev Wm Call (ADDRESS) Wyatt road

20. FILED Dec 12 1935 A Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2 P. m.

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

accidentally buried to death when home burned

Date of onset 23

Other contributory causes of importance: 180

Name of operation _____ Date of _____

What test confirmed diagnosis? X 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? X

If so, specify _____

(Signed) A Marshall, M. D.

(Address) Wyatt road

