

N. B.—Every item of information 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.

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

Do not use this space.

JAN 21 1936

42141

1. PLACE OF DEATH

County Scott
Township Chaffee
City Chaffee (No. _____)

Registration District No. 816
Primary Registration District No. 4492

File No. _____
Registered No. 57
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 202 Helen St., 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 16

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

FATHER 13. NAME Vergel Alvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conrich Ark

MOTHER 15. MAIDEN NAME Lizzie Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex Mo

17. INFORMANT Vergel Alvey (ADDRESS) Chaffee Mo

18. BURIAL, CREMATION, OR REMOVAL Funeral Home PLACE Chaffee Mo DATE Dec. 13 1935

19. UNDERTAKER Stubbins Funeral Home (ADDRESS) Chaffee Mo

20. FILED 12 13 1935 W. O. Sweeney 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 Dec. 12 1935 to Dec. 12 1935

I last saw him alive on Dec. 12 1935 Death is said

to have occurred on the date stated above, at 1 P m.

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

Acute Septicemia
Tonic Convulsions with
Acute Bronchopneumonia
Concurrent onset
Type of infection unknown
Date of onset 12-12-35

Other contributory causes of importance:
Upper Respiratory
Infection - Coryza 12-9-35

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) W. O. Sweeney M. D.
(Address) Chaffee Mo

