

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

Do not use this space.

FEB 21 1936

42143-B

1. PLACE OF DEATH

County Scott Registration District No. 819
Township Mooley Primary Registration District No. 4495
City Mooley (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

unnamed
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/16 1935

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

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

that I last saw her alive on 12/16, 1935, and that death occurred, on the date stated above, at 11 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/16/35

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

Premature birth

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY)

154
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Mooley
(STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Norman Murphy

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

18. WHERE WAS DISEASE CONTRACTED _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Centar
(STATE OR COUNTRY) Mo

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. A. Clines, M. D.

12. MAIDEN NAME OF MOTHER Angie Woodward

. 19____ (Address) Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Danduse
(STATE OR COUNTRY) Mo

14. INFORMANT Norman Murphy
(Address) Mooley Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

15. FILED 1/1, 1936 Amy L. Beyle REGISTRAR

20. UNDERTAKER Mooley, Mo ADDRESS 12/17 1935

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.

