

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.

Dr. Allen

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

Do not use this space.

JAN 21 1936

**1. PLACE OF DEATH**

County Vernon Registration District No. 871  
 Township Deage Primary Registration District No. 6150  
 City Grubbs (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

42248

File No. \_\_\_\_\_  
 Registered No. 15

**2. FULL NAME** Kenneth Lee Julian

(a) Residence, No. Arthur Missouri 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3rd, 1935  
 7. AGE YEARS 4 MONTHS \_\_\_\_\_ DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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) Cedar Co. Missouri

FATHER 13. NAME Harvey Julian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

MOTHER 15. MAIDEN NAME Eunice Summer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Springs Missouri

17. INFORMANT (ADDRESS) Harvey Julian Arthur Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Virgil Cem. DATE Dec. 9/35

19. UNDERTAKER (ADDRESS) Booth Funeral Service Rich Hill Mo.

20. FILED 12/10 1935 Cedar Missouri Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8/35, 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 8 1935 to Dec 8 1935  
 I last saw him alive on Dec 8 1935 at 9:30 m. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Dysentery  
 Other contributory causes of importance: 10  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None 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) Dr. James J. Allen, M. D.  
 (Address) Rich Hill Mo.

