

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.

JAN 31 1936

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

Do not use this space.

42321

1. PLACE OF DEATH JAN 31 1936

County WorthRegistration District No. 2Township AtterdalePrimary Registration District No. 11City Atterdale(No. 1)St. Mo. Ward 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

3. SEX

male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFPremature Infant

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

Dec 8-1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, 19 hrs.  
or  min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Infant9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Atterdale  
Mo.

13. NAME

Morris Hayzard

FATHER

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Atterdale Mo.

MOTHER

15. MAIDEN NAME

May Naden Adair16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Idaho17. INFORMANT  
(ADDRESS)Morris Hayzard

18. BURIAL, CREMATION OR REMOVAL

PLACE

Idaho

DATE

Dec 10 193519. UNDERTAKER  
(ADDRESS)

20. FILED

1-2

1936

Ed Mull M.D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1935

22. I HEREBY CERTIFY, That I attended deceased from

Dec 8 1935 to Dec 9 1935Last saw him alive on Dec 8 1935 Death is saidto have occurred on the date stated above, at 8 P. m.

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

Prenature Birth

Date of onset

Other contributory causes of importance

Name of operation  Date of What test confirmed diagnosis?  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  19Where 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) O. B. Fullerton M. D.(Address) Redding Id.

