

MAR 23 1936

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

Do not use this space.

6687

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

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

July 14 1936

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

X

X

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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)

Kinnebo Missouri

FATHER

13. NAME

Herman J. Moore

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

Browning Missouri

MOTHER

15. MAIDEN NAME

Stoffer

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

Bethsville Missouri

17. INFORMANT (ADDRESS)

Herman J. Moore Kinnebo, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bethsville

DATE

2/18

1936

19. UNDERTAKER (ADDRESS)

Thorne Undert. Co. Kinnebo, Mo

20. FILED

1936

J. W. Webb

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

February 18 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 14

1936

to Feb 18

1936

I last saw him alive on Feb 17, 1936. Death is said

to have occurred on the date stated above, at 6 a. m.

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

Prematurity

Date of onset

Other contributory causes of importance:

159

Name of operation

Date of

What test confirmed diagnosis?

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? No

If so, specify

(Signed)

J. W. Webb, M. D.
Kinnebo, Mo.

(Address)

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.

