

APR 23 1936

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

Do not use this space.

16457

1. PLACE OF DEATH

County Talk
Township South Benton
City Balwin St. Route

Registration District No. 705
Primary Registration District No. 3934

File No. _____
Registered No. 9
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 3 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Talk County (STATE OR COUNTRY) Mississippi

MOTHER 13. NAME Troy Wayne Redd

14. BIRTHPLACE (CITY OR TOWN) Talk County (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Anak Catherine Wilam

16. BIRTHPLACE (CITY OR TOWN) Talk County (STATE OR COUNTRY) Mississippi

17. INFORMANT Wayne Redd (ADDRESS) Balwin, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Balwin Wood DATE April 3, 1936

19. UNDERTAKER White and Brown (ADDRESS) Balwin, Mo

20. FILED 4-7 1936 May James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to April 1, 1936

I last saw her alive on March 25, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Erysipelas

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 _____, 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) Boyle, M. D.

(Address) Balwin, Mo

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.

