

JUL 18 1936

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

Do not use this space.

22378

1. PLACE OF DEATH

County Cole, County  
Township  
City Jefferson City, Mo.

Registration District No. 213  
Primary Registration District No. 3614

File No.  
Registered No. 184  
St. Ward

2. FULL NAME

(a) Residence, No. St. Marys Hospital Ward. Belle, Mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/15/36</u>		
7. AGE YEARS —	MONTHS —	DAYS <u>15</u>
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) <u>Belle Jefferson Co. Miss. Mo.</u>			
	FATHER	13. NAME <u>George Southmire</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belle Miss. Mo.</u>	
MOTHER		15. MAIDEN NAME <u>Ruby Pearson</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belle, Miss. Mo.</u>	
	17. INFORMANT <u>Fraser</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Hosp. Jefferson City, Mo.</u> <u>Pathological (removed)</u>				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>6/29/1936</u> <u>Dr. Fred J. M. D.</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 20, 1936  
I last saw him alive on 2 PM June 20, 1936 Death is said to have occurred on the date stated above at 5:30 PM  
The principal cause of death and related causes of importance were as follows:  
Atrophy of Bladder  
Penetration of Extremities  
Jejun without

Other contributory causes of importance:  
Menigecele  
Patent Foramen Ovale  
Deficiency of pelvis

Name of operation..... Date of.....  
What test confirmed diagnosis? X-ray Was there an autopsy? Partial

23. If death was due to external causes (violence) also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (city or town, county, and State)  
Specify whether injury occurred in industry, 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) Jul Beaman Fraser, M. D.  
(Address) Jefferson City, 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.

