

JUL 14 1936

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

Do not use this space.

791

24783

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

St. Louis

1003
(No. *Deacons Hospital*)

File No.....

Registered No.....

6407

St. Ward)

2. FULL NAME

(a) Residence, No. *133 Madison Ave* St. *N R* Ward *Webster Groves*
(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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 24 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
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) *St. Louis Missouri*

13. NAME *Everett Rion*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington Missouri*

15. MAIDEN NAME *Ruth Crowder*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington Missouri*

17. INFORMANT (ADDRESS) *Everett Rion 133 Madison Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Farmington Mo* DATE *June 24 1936*

19. UNDERTAKER (ADDRESS) *Parker & Co 16 Webster Groves Mo*

20. FILED *JUN 24 1936 J. Bredeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 24 1936*

22. I HEREBY CERTIFY That I attended deceased from *June 24 1936*, to *June 24 1936*

I last saw him alive on *June 24 1936*. Death is said to have occurred on the date stated above, at *3:30 a* m.

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

Status Thymicus Atelectasis

Other contributory causes of importance:

67

Name of operation *None* Date of

What test confirmed diagnosis? *Cultures* Was there an autopsy? *Yes*

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 *None*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *A. DeBaugh*, M. D.

(Address) *16 N. Bond Ave*

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.

