

AUG 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Raw  
City R. C.

Registration District No. 399  
Primary Registration District No. 1002  
(No. 931 Jackson)

File No. 26501  
Registered No. 3108  
St. 3108 Ward

2. FULL NAME

(a) Residence, No. 981 Jackson 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 6, 1936

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

22. HEREBY CERTIFY That I attended deceased from July 5, 1936 to July 6, 1936  
Next saw him alive on July 5, 1936. Death is said to have occurred on the date stated above, at 10 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 5 - 1936

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

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, ..... hrs. or ..... min.  
no no 1

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

enlarged thyroids gland 7/6  
1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:  
1. no. premature

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) R. C. Mo

13. NAME Harley Trader

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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

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)

15. MAIDEN NAME Vivian Hood

Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Harley Trader (ADDRESS) 981 Jackson

Manner of injury.....  
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hills DATE July 7, 1936

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER A. R. Dornier (ADDRESS) 1415 R 15

(Signed) Agnes Ching M. D.  
(Address) 607 Upper Blvd

20. FILED July 6 1936 M. M. Brown Registrar.

5-11000 1/2 1/2 1/2 1/2

Hours 2<sup>30</sup> to 5