

AUG 24 1936

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

Do not use this space.

26623

## 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)

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

Male

4. COLOR OR RACE

White

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

Do not know

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

Do not know

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

Unknown

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.

Do not know

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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Do not know

13. NAME

Do not know

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

Do not know

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

O. V. MAST FUNERAL HOME, Inc.

19. UNDERTAKER  
(ADDRESS)

3126 Main St.

20. FILED

July 15, 1936 M. M. Crowe

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

7-14-

1936

22. I HEREBY CERTIFY that deceased from

1936 to 1936

I last saw him alive on 7-2-36, 1936. Death is said

to have occurred on the date stated above, at 3:27 p.m.

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

Heart Failure

Date of onset

Other contributory causes of importance:

Name of operation

Date

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

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 any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(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.

