

10071
AUG 24 1936

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

Do not use this space.

26673

1. PLACE OF DEATH

County Jackson
Township NAW
City N. C. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. Fairmount Hosp)

File No. _____
Registered No. 3344
St. _____ Ward 0011

2. FULL NAME

(a) Residence, No. 1414 E 27 St. FAIRMOUNT HOSP.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-15-1936
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. Premature 3

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. _____
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) Mo.

13. NAME Pete Dodson

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

15. MAIDEN NAME Jewell Horning

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

17. INFORMANT FAIRMOUNT Hosp
(ADDRESS) 1414 E 27

18. BURIAL, CREMATION, OR REMOVAL PLACE Harold Hill DATE July 18 1936

19. UNDERTAKER A. P. Doster
(ADDRESS) 1415 E 45

20. FILED July 17 1936 M. M. Corwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936
22. I HEREBY CERTIFY That I attended deceased from July 15 1936 to July 16 1936
I last saw h.w. alive on July 15 1936 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
6 mo. Premature Date of onset _____

Other contributory causes of importance: 189

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) J. B. Meyer M. D.
(Address) Fairmount Hospital

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.

