

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

AUG 21 1936

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27081

1. PLACE OF DEATH

County Jefferson
Township Rock
City (No. _____) (Ward _____)

Registration District No. 423
Primary Registration District No. 5578

File No. _____
Registered No. 22

2. FULL NAME

(a) Residence, No. Valley Park Mo. St. _____ Ward _____
(Usual place of abode) 12.1

(b) OT-H-B-2011

Length of residence in city or town where death occurred yrs. mos. 12.1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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 <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-14-36</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, 12 hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>
	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)
Valley Park Mo.

MOTHER FATHER
13. NAME Albert Faber

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

15. MAIDEN NAME Meta Wells

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

17. INFORMANT (ADDRESS)
Oliver H. Hawn

18. BURIAL, CREMATION, OR REMOVAL PLACE Central M. E. DATE 7/15/36

19. UNDERTAKER (ADDRESS)
Kenneth W. Koch
Central M. E.

20. FILED July 14, 1936 Phil J. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936 to July 14, 1936. I last saw him alive on July 13, 1936. Death is said to have occurred on the date stated above, at _____ m.

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

Premature Birth Date of onset _____
caused by fall
on July 13-1936, 7-15-36
7 days
Other contributory causes of importance: none

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) W. Dalton, M. D.
(Address) Central M. E.

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.

