

OCT 1 1936

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

Do not use this space.

33470

## 1. PLACE OF DEATH

County Washington  
Township Union  
City..... (No....., ..... Ward.....)

Registration District No. 589  
Primary Registration District No. 6182

File No.....  
Registered No.....  
St. .... Ward.....

2. FULL NAME Unnamed

(a) Residence, No. .... St., ..... Ward.....

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 21 - 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	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.....

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22 - 1936, to Aug. 22 - 1936  
I last saw her alive on Aug. 22 - 1936. Death is said to have occurred on the date stated above, at 10 P.m.

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

Premature birth

Date of onset

Other contributory causes of importance:

15912. BIRTHPLACE (CITY OR TOWN) Washington, Co. Mo.  
(STATE OR COUNTRY)13. NAME Amos O. Richardson14. BIRTHPLACE (CITY OR TOWN) St. Francis, Co. Mo.  
(STATE OR COUNTRY)15. MAIDEN NAME Leah E. Bartell16. BIRTHPLACE (CITY OR TOWN) Cadet, Mo.  
(STATE OR COUNTRY)17. INFORMANT Amos O. Richardson  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Life mo DATE Aug 23 193619. UNDERTAKER none  
(ADDRESS)20. FILED Sept 1 1936 G.F. Crossman  
Registrar.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 W. T. Daugherty, M. D.(Address) Potosi, Mo

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.

THIS IS A PERMANENT RECORD

