

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

Do not use this space.

34678

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Jackson Primary Registration District No. 1002  
 City Dansbury (No. 2 C Gen Hosp)

File No. ....  
 Registered No. 4529  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1205 E 14th 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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-36

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. 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) K.C. (STATE OR COUNTRY) Mo.

13. NAME Robert J Dean

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

15. MAIDEN NAME Stange Reynolds

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

17. INFORMANT Debra Clark (ADDRESS) 2 C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Lehigh DATE 10-13-36

19. UNDERTAKER Paul & John (ADDRESS)

20. FILED Oct 13 1936 M. M. Brown

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-29-36, 1936, to 9-29-36, 1936

I last saw him alive on 9-29-1936 Death is said

to have occurred on the date stated above, at 12:40 PM

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

Prematurity - 6 months gestation

Date of onset

Other contributory causes of importance

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

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 in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Lanley M. D.

(Address) R. C. General Hospital

Wright St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 26 1936

