

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.

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Sullivan
Township Union
City..... (No.....)

Registration District No. 849
Primary Registration District No. 6115

File No. 36439
Registered No. 22
St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
10 10 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---
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.

FATHER 13. NAME Illegitimate

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

MOTHER 15. MAIDEN NAME Myrtle Ruth Cooper

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

17. INFORMANT Mary Cooper
(ADDRESS) Green Castle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawkeye DATE 10-25 1936

19. UNDERTAKER Glessner E. Kent
(ADDRESS) Green Castle, Mo.

20. FILED Oct 6 1936 Virginia Gibson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1936 to Sept 24 1936. I last saw him alive on Sept 23 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:

Catarhal Enteritis Date of onset
10/24

Other contributory causes of importance.....

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 M. W. Herington M.D., M. D.
(Signed) M. W. Herington
(Address) Green City Mo

