

DEC 4 1936

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

Do not use this space.

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1. PLACE OF DEATH

County S. Y. Hancock Registration District No. 229
Township Flat River Primary Registration District No. 4465
City Flat River (No.) St. Ward)

File No. 347
Registered No.

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16th 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 1 13

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) Flat River (STATE OR COUNTRY) Mo

13. NAME Ben Landers

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

15. MAIDEN NAME Bertha Maken

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

17. INFORMANT Ben Landers (ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL Interment DATE 10-30-36

19. UNDERAKER Callwell Bros (ADDRESS) Flat River Mo

20. FILED 11/3 1936 C. B. Kassar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-20 1936 to 10-30 1936

I last saw him alive on 10-29 1936 Death is said

to have occurred on the date stated above, at 3 P.M.

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

Dysentery
Malaria
Malnutrition

Date of onset

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? no

If so, specify Old malaria

(Signed) C. B. Kassar, M. D.

(Address) Flat River

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.

WRITE PAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD

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