

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.

JAN 9 1937

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

Do not use this space.

44563

1. PLACE OF DEATH

County Holt
 Township Benton
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 372
 Primary Registration District No. 558

File No. _____
 Registered No. 891

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 Female 4. COLOR OR RACE White 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) March 3 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	1	9	9	

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) Holt, Co. Mo.

FATHER 13. NAME R W Schram

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

15. MAIDEN NAME Nona Bredman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Nebr.

17. INFORMANT (ADDRESS) H W Schram Mount City

18. BURIAL, CREMATION, OR REMOVAL PLACE W.P. Hooper DATE 12/13 1936

19. UNDERTAKER (ADDRESS) W Crawford Mount City Mo.

20. FILED Dec 13 1936 J O Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 1936.

I last saw h. _____ alive on _____, 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:

Drowning by
accidentally falling
in open water

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 12/12 1936
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury drowning
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Ed Perry Carover M.D.
 (Address) Mount City Mo.

