

JAN 21 1937

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

Do not use this space.

45554

1. PLACE OF DEATH

County Monroe
Township Jackson
City (No. _____) _____

Registration District No. 582
Primary Registration District No. 5779

File No. _____
Registered No. 82
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. County of primary residence Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. K.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. K.
7. AGE YEARS 71 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. 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) (STATE OR COUNTRY) N. K.

MOTHER 13. NAME N. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

15. MAIDEN NAME N. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

17. INFORMANT (ADDRESS) Infirmary Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Infirmary DATE 12/10 1936

19. UNDERTAKER (ADDRESS) None

20. FILED DEC 10 1936 A. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Dec 3 to Dec 9 1936
I last saw him live on Dec 9 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
Influenza with Peri-bronchial pneumonia Date of onset 12/13

Other contributory causes of importance:
None
Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

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 _____ (Signed) W. M. Russell M. D.
(Address) Paris, Missouri

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.

