

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

Do not use this space.

45723

1. PLACE OF DEATH

County Pemiscot Registration District No. 1102
 Township Pascada Primary Registration District No. 758
 City Bozz City (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Bozz City (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlie Norman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 15
 7. AGE YEARS 21 MONTHS 7 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 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. Housewife
 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

MOTHER FATHER 13. NAME Bill Bailey

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

15. MAIDEN NAME Stella Wheeler

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

17. INFORMANT Louise Norman (ADDRESS) Bozz City

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo DATE 12/22 1936

19. UNDERTAKER Ray H. Co. 3421 (ADDRESS) _____

20. FILED 12/26 1936 Mrs F. R. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1936 to 6:00 1936
 I last saw him alive on 12-21 1936 Death is said to have occurred on the date stated above, at 6:00 pm
 The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset 12-19-36

Other contributory causes of importance: Miscellaneous

Name of operation Mr. Heston Date of _____

What test confirmed diagnosis? exam 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 _____ 1936

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) Helleman J. H. M. D.

(Address) Bozz City

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.

