MAR 26 1936

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

Do not use this space.

1. PLACE OF DEATH
County: Washington
Township: Breton
City: ..... (No. ..... , ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. 47726
Registered No. .....

2. FULL NAME: Unnamed —

(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: 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): 1-30-1936

7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 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): This Co.

FATHER
13. NAME: Edw. Bouse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co. Mo.

MOTHER
15. MAIDEN NAME: Annie Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co. Mo.

17. INFORMANT: Edw. Bouse
(ADDRESS): Potosi, Mo.

18. BURIAL, CREMATION, OR REMOVAL:
PLACE: Pleasant Hill DATE: 1-31, 1936

19. UNDERTAKER: John Bouse
(ADDRESS): Potosi, Mo.

20. FILED: Mar 1, 1936 G. F. Cresswell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Did not see~~ 1-30, 1936 to 1-30, 1936
I ~~saw~~ h~~im~~er alive on 1-30, 1936. Death is said to have occurred on the date stated above, at 12 A' m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still born	
Breech presentation —	

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 .....

(Signed) Jos. L. Thurman, M. D.
(Address) Potosi, Mo.

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD