

JUN 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Oregon
Township Thayer
City Thayer (No.,,)

Registration District No. 632
Primary Registration District No. 4382

File No. 48323
Registered No. 16
St. Ward

2. FULL NAME Un named

(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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1936

7. AGE YEARS 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. Infant
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) Thayer (STATE OR COUNTRY) Mo

FATHER 13. NAME Frank Mc Donald

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

MOTHER 15. MAIDEN NAME Vida Tarp

16. BIRTHPLACE (CITY OR TOWN) Camp (STATE OR COUNTRY) Ark.

17. INFORMANT Frank McDonald (ADDRESS) Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer DATE 5-9 1936

19. UNDERTAKER Leo Carr (ADDRESS) Thayer Mo

20. FILED May 9 1936 George Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9/36 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 8:30 PM m.

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

Stillborn
Toxemia of Pregnancy

Other contributory causes of importance:

Date of onset

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) Geo Johnson M. D.

(Address) Thayer 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.

