

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cedar
 Township Washington
 City Caplinger Mills (No. _____)

Registration District No. 165
 Primary Registration District No. 5234

File No. Aug-26-1936
 Registered No. 173
 St. _____ Ward _____

2. FULL NAME

(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 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) Aug 21, 1936

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

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) Stocketon, Mo.13. NAME Alden Adams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Missouri15. MAIDEN NAME Glassie Jane Shaw16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.17. INFORMANT (ADDRESS) Alden Adams

18. BURIAL, CREMATION, OR REMOVAL

PLACE Caplinger Mills DATE Aug 21, 193619. UNDERTAKER (ADDRESS) M. J. Davis & Co. Stocketon, Mo.20. FILED Aug 26, 1936 Mrs. H. A. Grodon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 193622. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1936 to Aug 21, 1936I last saw him alive on Aug 21, 1936. Death is saidto have occurred on the date stated above, at 10:45 A.

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

Stillborn
(cause unknown)

Date of onset _____

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) M. J. Davis M. D.(Address) Stocketon, Mo.

