

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Clinton
City Waukegan Mo (No.)

Registration District No. 421
Primary Registration District No. 5576

File No. 49014
Registered No. 99
St. Ward)

2. FULL NAME

(a) Residence, No. Waukegan Mo 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Still Born</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2-36</u>		
7. AGE	YEARS	MONTHS
<u>Still Born</u>		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>None</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Waukegan Mo</u>
	13. NAME	<u>Frank Koylman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Logansport Ohio</u>
	15. MAIDEN NAME	<u>Lily Carr</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Missouri</u>
	17. INFORMANT (ADDRESS)	<u>Frank Koylman Waukegan Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Waukegan Mo</u> DATE <u>Sept 3 1936</u>
	19. UNDERTAKER (ADDRESS)	<u>Frank Koylman Waukegan Mo</u>
	20. FILED	<u>10/2 1936</u> <u>J. J. Rutledge</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Sept 2</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 2</u> 19 <u>36</u> to <u>Sept 2</u> 19 <u>36</u>	
I last saw h. alive on	19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows: <u>Still Birth (Probable of Cord)</u>	
Other contributory causes of importance:	
Name of operation	Date of
What test confirmed diagnosis?	<u>CRITICAL</u> Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify..... (Signed) <u>Arthur E. Sawyer</u> , M. D. (Address) <u>St. Genevieve Mo</u>	

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

