

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

Do not use this space.

1. PLACE OF DEATH

County Miss
Township 2nd
City Charleston (No.)

Registration District No. 566
Primary Registration District No. 3030

File No. 49027
Registered No. 123
St. Ward

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/29/36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Still born

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. none
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) Charleston Mo

FATHER
13. NAME Clif. Singleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Londely Tenn.

MOTHER
15. MAIDEN NAME Eone Whitlock

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

17. INFORMANT (ADDRESS) Clif Singleton Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 9/30 1936

19. UNDERTAKER (ADDRESS) Private by family

20. FILED Sept 30th 1936 F. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29 1936

22. I HEREBY CERTIFY, That I attended deceased from on 9/29 1936, to

I last saw him 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:

Still born

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

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? no

If so, specify. E. Clara Polunin, M. D.
(Signed) Charleston, Mo.
(Address)

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.

