

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Pike Registration District No. 683
Township Ashley Primary Registration District No. 5911
City _____ (No. _____) St. _____ Ward _____

File No. 49042
Registered No. _____

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

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

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

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. L
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ashley (STATE OR COUNTRY) Mo

FATHER 13. NAME Nemelus Linear

14. BIRTHPLACE (CITY OR TOWN) Burley Green (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Vivie Butler

16. BIRTHPLACE (CITY OR TOWN) Ashley (STATE OR COUNTRY) Mo

17. INFORMANT Wm Butler (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Ashley DATE 9/27 19. 36

19. UNDERTAKER Neighbors (ADDRESS)

20. FILED 9/24 19. 36 R. W. Hotherlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23 19 36

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

Premature Birth Date of onset _____
Cause of premature birth is unknown (stillbirth)

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? L 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) Wm Butler _____
(Address) Burley Green 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

