

NOV 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Callaway Registration District No. 1111
Township Cleveland Primary Registration District No. 5160
City _____ No. _____ St. _____ Ward _____

File No. 49184
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 <u>Male</u> | 4. COLOR OR RACE <u>Black</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) | | |
| 7. AGE | YEARS | MONTHS |
| | <u>0</u> | <u>0</u> |
| | | <u>0</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u> | |
| | 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) <u>Stephens Missouri</u> | | |
| FATHER | 13. NAME <u>Willard Bly</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk Iowa</u> | |
| MOTHER | 15. MAIDEN NAME <u>Helen Hunter</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk Iowa</u> | |
| 17. INFORMANT (ADDRESS) <u>Willard Bly Stephens</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stephens</u> DATE <u>Oct 15 1936</u> | | |
| 19. UNDERTAKER (ADDRESS) | | |
| 20. FILED <u>Oct. 19 1936</u> <u>B. H. Stephens</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 193622. I HEREBY CERTIFY That I attended deceased from October 14 1936 to October 14 1936

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:

asphyxiated in utero

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? noIf so, specify _____ (Signed) C. B. Nichols, M. D. (Address) Keokuk Iowa

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.

