

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Central
City St. Clair Mo (No. 140)

Registration District No. 294
Primary Registration District No. 5409B

File No. 49334
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Clair Mo 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11-26

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 0

OCCUPATION 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) St. Clair Mo

MOTHER 13. NAME Edgar Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittmer Mo

15. MAIDEN NAME Mildred Fisher

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

17. INFORMANT (ADDRESS) Edgar Burns St. Clair Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittmer, Mo DATE Nov. 12, 1936

19. UNDERTAKER (ADDRESS) Wm. Casey Co St. Clair, Mo

20. FILED Nov. 23, 1936 W. H. Duckworth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-1936

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 _____ in. The principal cause of death and related causes of importance were as follows:

Stillborn
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 _____
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. Lenny, M. D.
(Address) Lanion 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.

