

FEB 25 1937

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

Do not use this space.

1222

1. PLACE OF DEATH

County Jackson
Township Kaou
City Kaou City (No. 3418 1/2 Gardner)

Registration District No. 399
Primary Registration District No. 1007

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

2. FULL NAME

(a) Residence, No. 3418 1/2 Gardner 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Dec 29, 1936, to Jan 2, 1937

I last saw her alive on Jan 1, 1937 Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1930

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 12

Date of onset 1/1/37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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 _____

Acute Bronchitis

Other contributory causes of importance:

Pneumo Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaou City Mo

FATHER 13. NAME Albert Dierkens

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaou City Mo

MOTHER 15. MAIDEN NAME Madeline Romme

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaou Mo

17. INFORMANT (ADDRESS) Albert Dierkens 3418 1/2 Gardner, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Jan 4 37

19. UNDERTAKER (ADDRESS) Mrs. C. R. Roper 718 Broadway, Kaou

20. FILED Jan 3 1937 M. M. Brown Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis Specimens 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?

If so, specify _____
(Signed) Stanley C. ... M. D.
(Address) 607 Argyle St, ...

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Argyle Study

U2-0848

2:30 till 5:00

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