

FEB 25 1937

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

Do not use this space.

1569

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township 1st

Primary Registration District No. 1002

City Waco, Mo. (No. General Hosp. 1)

File No. 330

Registered No. 330

St. 1

Ward

2. FULL NAME

(a) Residence, No. 737 1/2 St. 13th 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or 55 min.

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) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Mo.

13. NAME Alvin L. Giles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Mo.

15. MAIDEN NAME Verlow Raybourne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Mo.

17. INFORMANT Record Clerk

18. BURIAL, CREMATION OR REMOVAL Waco DATE 1-26-37

19. UNDERTAKER Waco (ADDRESS) Waco, Mo.

20. FILED Jan. 21 1937 Dr. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1937, to 1-18, 1937

I last saw h. alive on 1-18, 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.
The principal cause of death and related causes of importance were as follows:

Premature
Infant
Other contributory causes of importance: 15A

Name of operation Clinical Date of Mo
What test confirmed diagnosis? Mo (Was there an autopsy?)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Mo Date of injury Mo
Where did injury occur? Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Mo
Nature of injury Mo

24. Was disease or injury in any way related to occupation of deceased? Mo
If so, specify Mo
(Signed) Dr. M. Corone M. D.
(Address) General Hosp. #2

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.

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