

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Oregon
Township King
City King (No. 2)

Registration District No. 636
Primary Registration District No. 5840

File No. 2466
Registered No. 3
St. _____ Ward _____

2. FULL NAME Infant Dechard Nett Give

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

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

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to no attendance, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 Dec 1936

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 1 20

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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 1

Cause unknown
Died without medical aid
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Oregon 1

Other contributory causes of importance: _____

13. NAME Ray Dechard 1

N. M. O.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Susan Snyder

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Charles Snyder
(ADDRESS) Wilkeson

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilkeson DATE Jan 28 1937

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER neighbor acting
(ADDRESS) _____

(Signed) Enoch Bailey Registrar, M. D.
(Address) alter

20. FILED 1/28 1937 Enoch Bailey Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

