

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

Do not use this space.

FEB 9 1937

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.....

Primary Registration District No.....

St.....

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Ward.....

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

Jan. 17, 1937

at

N. D. Hawkins

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

January 15, 1937

22. I HEREBY CERTIFY That I attended deceased from

Jan. 2, 1937, to Jan. 15, 1937.

I last saw him alive on Jan. 14, 1937. Death is said

to have occurred on the date stated above, at 8:50 a. m.

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

Fracture of upper end of left femur between trochanters

Date of onset

Dec. 29/36

Other contributory causes of importance:

None

Name of operation None

Date of

What test confirmed diagnosis? X-ray picture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/19, 1936

Where did injury occur? Herculaneum, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In home

Manner of injury Felt on fire at his home

Nature of injury Fracture of left upper femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) David Edmest, M. D.

(Address) Boone, Tenn., 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.

WHITE PRINTING WITH OUTRACING INK—THIS IS A PERMANENT RECORD

