

MAR 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County *Copier*Township *Clear Creek*City *Pilot Grove, Mo.* (No. *1100*)Registration District No. *223*Primary Registration District No. *44365204*File No. *5628*Registered No. *45*

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residential No. *Pilot Grove, Mo. - RFD*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. *16* ds.

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan - 22 - 1927</i>		
7. AGE YEARS _____	MONTHS _____	DAYS <i>16</i>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) *Pilot Grove*  
(STATE OR COUNTRY) *Missouri*13. NAME *John Earl Waller*14. BIRTHPLACE (CITY OR TOWN) *Pilot Grove*  
(STATE OR COUNTRY) *Missouri*15. MAIDEN NAME *Anna Naomi Gramlich*16. BIRTHPLACE (CITY OR TOWN) *Pilot Grove*  
(STATE OR COUNTRY) *Missouri*17. INFORMANT *Lorence Gramlich*  
(ADDRESS) *Pilot Grove, Mo.*18. BURIAL CREMATION, OR REMOVAL PLACE *Evangelical Cem.* DATE *2-9-37*19. UNDERTAKER *Stap & Stoecklen*  
(ADDRESS) *Pilot Grove, Mo.*20. FILED *2/9* 1937 *H. B. Pilsbury*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-8* 19*37*22. I HEREBY CERTIFY, That I attended deceased from *Jan 27*, 19*37*, to *Jan 31*, 19*37*I last saw him alive on *Jan 31*, 19*37*. Death is saidto have occurred on the date stated above, at *12:30* P. M.

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

*Premature Birth* Date of onset \_\_\_\_\_*Latus Neonatorum*Other contributory causes of importance: *59*

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 \_\_\_\_\_, 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? *No*

If so, specify \_\_\_\_\_

(Signed) *W. J. Jones* M. D.(Address) *Blackwater, 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.

