

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 Dade
Township N. Morgan
City Beckwith Mo. (No.)
Beckwith

Registration District No. 295
Primary Registration District No. 10290

File No. 5645
Registered No. 25
St. Ward

2. FULL NAME

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 13, 1937</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>25</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>	11. Total time (years) spent in this occupation <u> </u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo.13. NAME Uel Cooper14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.15. MAIDEN NAME Bessie Alice Bouse16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.17. INFORMANT Uel Cooper
(ADDRESS) Beckwith Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Ridge DATE Feb. 9 193719. UNDERTAKER J. W. Ward
(ADDRESS) Greenfield Mo.20. FILED Feb 17 1937 W. O. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 193722. I HEREBY CERTIFY, That I attended deceased from Jan 13 1937 to Feb 8 1937I last saw him alive on Feb 8 1937 Death is saidto have occurred on the date stated above, at U.S.A.

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

Quarantine Date of onsetOther contributory causes of importance: 15A

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?.....

If so, specify.....

(Signed) St. O. Cavan, M. D.(Address) Greenfield 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.

