

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

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dwight Registration District No. 508 File No. 7125  
Township Rich Hill Primary Registration District No. 5685 Registered No. 71  
City (No. St. Ward)

2. FULL NAME

Bennie J Wampler  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-26-1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1937 to Feb 26 1937  
I last saw him alive on Feb 25 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-20-1937

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

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

Spina-bifida Date of onset

OCCUPATION 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 —

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dwight Mo

MOTHER 13. NAME Bennie Wampler

Name of operation None Date of —  
What test confirmed diagnosis? — Was there an autopsy? —

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo

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

MOTHER 15. MAIDEN NAME Soldie Frank

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

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

Manner of injury —  
Nature of injury —

17. INFORMANT (ADDRESS) Bennie Wampler

24. Was disease of injury in any way related to occupation of deceased no  
If so, specify —

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson DATE Feb 27 1937

(Signed) R. Brennan M. D.  
(Address) Chillicothe, Mo

19. UNDERTAKER (ADDRESS) James Gordon

20. FILED Feb 26 1937 Donald W. Houck Registrar

