

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Miller
 Township Clair
 City Union No.

 Registration District No. 565
 Primary Registration District No. 57614

 File No. 7265
 Registered No. 81
 St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward.

 (Usual place of abode) _____ (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 26, 1935</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>5</u>
		DAYS
		<u>21</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>	
	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) _____ 11. Total time (years) spent in this occupation <u>✓</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunley, Mo.</u>		
MOTHER	13. NAME <u>Homer Bryant</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California, Mo.</u>	
	15. MAIDEN NAME <u>Fern Robinson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunley, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Homer Bryant, Union, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cal. Cem. Union, Mo.</u> DATE <u>2/21/37</u>		
19. UNDERTAKER (ADDRESS) <u>E. T. Casey, Iberia, Mo.</u>		
20. FILED <u>2/25/37</u> <u>C. R. Hawkins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2/19 - 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>2-18-37</u> , 19 <u>37</u> , to <u>2-19-37</u> , 19 <u>37</u> I last saw him alive on <u>2-19-37</u> , 19 <u>37</u> Death is said to have occurred on the date stated above, at <u>6:30</u> p. m. The principal cause of death and related causes of importance were as follows: <u>Shock & toxemia</u> <u>Entire dorsal skin destroyed by hot water</u> <u>burns</u> Other contributory causes of importance: <u>None</u> Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>
Date of onset <u>2-18-37</u>
Date of _____ <u>2-18-37</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>2-18-37</u> Where did injury occur? <u>Union, Mo.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>in home</u> Manner of injury <u>Burned by hot water</u> Nature of injury <u>Fell into vat of hot water</u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Myron O. Jones</u> (Address) <u>Brunley, Mo.</u>

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.

11.

12.

13. **Beauchamp to nob.**

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