

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

10 County Stoddard
Township Liberty
City Berme (No. _____)

Registration District No. 836
Primary Registration District No. 6097a

File No. 89094
Registered No. 8
St. _____ Ward _____

2. FULL NAME

unnamed Underhill

(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 M. 4. COLOR OR RACE W 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) 2-16-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 4

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berme, Mo.

FATHER 13. NAME Nalvin Underhill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville, Ark.

MOTHER 15. MAIDEN NAME Carna L. Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackman, Ill.

17. INFORMANT Mellie Lawrence (ADDRESS) Berme, Mo. R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Berme, Mo. DATE 2/21/37

19. UNDERTAKER None (ADDRESS) _____

20. FILED 2/8/37 Fluence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1937, to 2-20-, 1937

I last saw him alive on 2-19-, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

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

unknown

Date of onset

Other contributory causes of importance:

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 _____, 1937

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) Dawson Ryan, M. D.
(Address) Berme, 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.

