

APR 15 1937

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

Do not use this space.

4

1. PLACE OF DEATH

County Brown  
Township Columbia  
City Columbia (No. \_\_\_\_\_)

Registration District No. 73  
Primary Registration District No. 3006

File No. 11124  
Registered No. 93  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 214 3rd ave 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

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) \_\_\_\_\_ (Total time (years) spent in this occupation) 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Wm E Sexton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Opal Garrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Opal Sexton Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE 3/28 37

19. UNDERTAKER (ADDRESS) Parlier F Co (W.H.W.) Columbia Mo

20. FILED 3/27/1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1937

I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Feb 27, 1937.

I last saw him alive on 3-27, 1937. Death is said to have occurred on the date stated above, at 2309 m.

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

- Congenital anomalies
- 1) Hone lip 2) Cleft Palate
- 3) Pericardial thickening
- 4) Congenital Heart atresia

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X Ray Was there an autopsy? 1/2

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) A. B. Bostwick, M. D.  
(Address) Columbia, 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.

