

MAY 7 1937

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

Do not use this space.

791
1003

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....
No. *St. Joseph Hosp*

File No. *14637*
Registered No. *4133*
St. Ward)

2. FULL NAME

(a) Residence, No. *2724 Bennett Creek* Ward. *3*
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/8/37*, 195A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Annette Ozark*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 27/1913*

I last saw h..... alive on....., 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
*23 09 21*to have occurred on the date stated above, at *9:00 A.M.*

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

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. *Line man*

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Chick. Co.*

Second and third degree burns, broncho pneumonia, acute nephritis following burn as the result of Shock and Burns, received while working on transformer at 1001 Hi-Point, about 8:20 A. M., April 5th, 1937.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Four Springs Mo*

Accident.

13. NAME *Alfred Ozark*

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Valley Park Mo*What test confirmed diagnosis?..... Was there an autopsy *Yes*15. MAIDEN NAME *Valley Burgess*

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Four Springs, Mo*

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Alfred Ozark* (ADDRESS) *736 33 Maloon Rd*

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Nurse Springs* DATE *4/22/37*Nature of injury..... *4*19. UNDERTAKER *Rev. W. H. Koch* (ADDRESS) *F. E. LITTON, Mo*

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED *J. F. Bredeck* Registrar. (Address) *Dep. Coroner*

APR 20 1937

This statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

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