

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

Do not use this space.

15510

MAY 15 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 22

Township

Primary Registration District No. 1002

Registered No. 11

City Lancaster City, Mo. (No. 1002)

St. North East Hospital Ward

2. FULL NAME

Curtis Childers

(a) Residence, No. 1212 Garfield St. Lancaster City, Mo. Ward.

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 Male 4. COLOR OR RACE White 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) Feb. 9, '37

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

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Child

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) Missouri

13. NAME Leonard Childers

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

15. MAIDEN NAME Thelma Coleman

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

17. INFORMANT (ADDRESS) L. Childers 1212 Garfield St. Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2-9- 1937

19. UNDERTAKER (ADDRESS) Edgy Bros 1416 Main

20. FILED 2-13 1937 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 1937, to 1937, 1937.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:30 A.M.

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

atelectasis

Date of onset

Other contributory causes of importance:

atelectasis

Name of operation none Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify.....
(Signed) Chas. H. McPherson, M. D.
(Address) 512 Second St. Lancaster, 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.

WRITE IN PLAIN

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