

MAY 18 1937

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

Do not use this space.

15905

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

00

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

00

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

Feb. 13 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

37

1

29

OCCUPATION

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

Labourer

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

life

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

Ottumwa Iowa

13. NAME

Ralph McKensey

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

St. Louis Missouri

15. MAIDEN NAME

Minnie Geier

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

Des Moines Iowa

17. INFORMANT (ADDRESS)

Minnie McKensey Camden, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Roach Cem. April 11 1937

19. UNDERTAKER (ADDRESS)

Bankson-Woolery 78 Camden, Mo

20. FILED

May 10 1937 Signe M. Miller Registrar

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

April 11 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 11 1937, to April 12 1937

I last saw him alive on April 11 1937. Death is said

to have occurred on the date stated above, at

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

Suspicious Suffocation  
Dead when Dr called  
body found by coroner  
Other contributory causes of importance:  
Catheter fixation  
Date of onset 18 1937

Name of operation

What test confirmed diagnosis? For those an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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 B. E. Woolery Coroner

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. J. Caribon, M. D.

(Address) Camden, 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.

