

MAY 20 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Loscomade  
 Township Boef  
 City Junie Durbin (No. \_\_\_\_\_)

Registration District No. 306  
 Primary Registration District No. 5424

File No. 16295  
 Registered No. 3  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) Loscomade do.

13. NAME Ernest Durbin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loscomade do; Mo

15. MAIDEN NAME Old Paves  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dreaded do; Mo

17. INFORMANT (ADDRESS) Ernest Durbin

18. BURIAL, CREMATION, OR REMOVAL PLACE Bland, Mo. DATE 4-20 1937

19. UNDERTAKER (ADDRESS) None

20. FILED 4-22-1937 John Engelbrecht Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1937, to 4-19, 1937

I last saw him alive on Apr. 17, 1937. Death is said to have occurred on the date stated above, at 3:00 a. m.

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

Premature Birth

Date of onset

Other contributory causes of importance: 159

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 \_\_\_\_\_, 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) J. J. Farrell, M. D.

(Address) Greenville, 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.

