

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

Do not use this space.

MAY 31 1937

17148

File No.
Registered No. 13
St. Ward

1. PLACE OF DEATH

76 County Osage Registration District No. 446
Township Cassford Primary Registration District No. 5849
City Lincoln Mo. R. D. (No.) St. Ward

2. FULL NAME Baby Nunez

(a) Residence, No. Lincoln Mo. R. D. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2-1937
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 10:00 m.
The principal cause of death and related causes of importance were as follows:

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

Stillborn
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo. R. D.
13. NAME Joe Nunez
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo.
15. MAIDEN NAME Mary Branson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo.

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.

17. INFORMANT Joe Nunez (ADDRESS) Lincoln Mo. R. D.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cemetery DATE March 2 1937
19. UNDERTAKER Master Funeral Home (ADDRESS) Lincoln Mo. R. D.
20. FILED May 6 1937 Miss Dora Jett Registrar.

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jeff. City M. D.
(Address) Jeff. City Mo.

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

