

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

Do not use this space.

JUN 18 1937

1035
5372

19976

1. PLACE OF DEATH
 County St. Louis Registration District No. 1035 File No. 19976
 Township Texas Primary Registration District No. 5372 Registered No. 6
 City _____ (No. _____) City _____ St. _____ Ward _____

2. FULL NAME Bill Born

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Physe Mo

13. NAME Bill Mooney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Grove Mo

15. MAIDEN NAME Virginia Lunn

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

17. INFORMANT (ADDRESS) Albert Lunn Physe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Reported DATE 6/5 1937

19. UNDERTAKER (ADDRESS) _____

20. FILED 73 1937 J. A. Krasoek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 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 _____ m.

The principal cause of death and related causes of importance were as follows:
Still Born Date of onset _____

Other contributory causes of importance: _____

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) Leslie Randall M. D.
 (Address) Liberty

PROPERTY OF MISSOURI STATE BOARD OF HEALTH. STATEMENT OF OCCUPATION IS VERY IMPORTANT.

