

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

New Madrid

St. Louis

Registration District No.

Primary Registration District No.

931

5801

File No.

Registered No.

St.

Ward

24426

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

3. SEX

Female

4. COLOR OR RACE

W.

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

Infant

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

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

June 22nd

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

0

3

OCCUPATION

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)

New Madrid County Missouri

MOTHER FATHER

13. NAME

Clarence Curtner

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

Mississippi County Missouri

15. MAIDEN NAME

Edith Schaffer

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

New Madrid County Missouri

17. INFORMANT (ADDRESS)

Clarence Schaffer #3 Sibley

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hartley, Mo. DATE June 25, 1937

19. UNDERTAKER (ADDRESS)

John Albritton Sibley, Mo.

20. FILED

7-7

1937

W. H. ... Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on June 17, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Premature Birth (7 months) Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Clinical 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) W. H. ... M. D.

(Address) Sibley, Mo.

