

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.

24701

1. PLACE OF DEATH

County *Repley*
Township *Repley*
City *Repley*

Registration District No. *759*
Primary Registration District No. *4451*

File No. *13*
Registered No. *1468*
St. *Repley* 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

3. SEX

M.

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 21, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

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)

Repley, Mo.

13. NAME

O. H. Anglin

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

Repley, Mo.

15. MAIDEN NAME

Molly Towell

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

Repley, Mo.

17. INFORMANT
(ADDRESS)

Mrs. Molly Anglin

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Repley Cem.*

DATE *June 22, 1937*

19. UNDERTAKER
(ADDRESS)

None - Family

20. FILED

6-22-37 C. B. Johnston

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 21, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 21, 1937, to June 21, 1937

I last saw him alive on *June 21, 1937* Death is said

to have occurred on the date stated above, at *1:50 P. m.*

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

Premature birth

Date of onset

Other contributory causes of importance:

Tuberculosis of mother.

Name of operation..... Date of.....

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

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) *E. H. Anglin*, M. D.

(Address) *Repley, Mo.*

