

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 Scott Registration District No. 830
Township Sylvania Primary Registration District No. 6069
City _____ (No. _____) St. _____ Ward _____

File No. 25013
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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

3. SEX m 4. COLOR OR RACE w 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) 6/23/37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or min. X

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) Oran Mo

MOTHER FATHER 13. NAME Elbert Davis

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

15. MAIDEN NAME Violet Whitworth

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

17. INFORMANT (ADDRESS) Elbert Davis Oran Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oran Mo DATE 6/24 1937

19. UNDERTAKER (ADDRESS) none

20. FILED 7/9 1937 J. S. Stewart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

The deceased was alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Operation (Version) delivery Date of onset _____

Other contributory causes of importance: Accidents, previous of mother

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? no
If so, specify _____
(Signed) J. A. Clune, M. D.
(Address) Oran 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.

