

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County ButlerRegistration District No. 995File No. 26798Township Ash HillPrimary Registration District No. 2134CRegistered No. 3

City (No.) St. Ward (.....)

2. FULL NAME Stillborn

(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. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. 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) July 23-37

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) near Fask

MOTHER FATHER

13. NAME Edna Delta Pyzinger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo15. MAIDEN NAME Edna Delta Pyzinger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Fask Mo17. INFORMANT (ADDRESS) Audley Brothers Fisk Mo18. BURIAL, CREMATION, OR REMOVAL PLACE at Ash Hill July 23, 3719. UNDERTAKER (ADDRESS) none20. FILED Aug 10 1937 Floya Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23-3722. I HEREBY CERTIFY That I attended deceased from birth never alive on July 23 1937I last saw him never alive on July 23 1937 Death is saidto have occurred on the date stated above, at 9 a.m.

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

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) P. F. Farmier, M. D.(Address) Fisk

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.

