

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Box
City (No)

Registration District No. 163
Primary Registration District No. 5228

File No. 33923
Registered No. 51
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. 2 Ward 1
(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 male 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) 9-5-37

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

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) Cedar Mo
(STATE OR COUNTRY)

13. NAME Elton Mills

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

15. MAIDEN NAME Betty Biles

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

17. INFORMANT Mrs. Barrett Biles
(ADDRESS) El Dorado Spgs.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marlin Cem DATE 9-5-1937

19. UNDERTAKER Barrett Biles (Grandfather)
(ADDRESS) El Dorado Spgs, Mo

20. FILED 9-5-1937 J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-1937

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Stillbirth; Premature Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. W. Dawson, M. D.

(Address) El Dorado Springs

Every item of information 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.

