

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Howell
 Township Howell
 City West Plains (No.)

 Registration District No. 384
 Primary Registration District No. 4227

 File No. 34376
 Registered No.
 St. Ward

2. FULL NAME

 (a) Residence, No. Lin named 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 22 1937</u>				
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. <u>none</u>			
	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) <u>West Plains Mo</u>				
FATHER	13. NAME <u>Lee Wm Brand</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>			
MOTHER	15. MAIDEN NAME <u>Edith Lasley</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seaway Co. Ark</u>			
17. INFORMANT <u>W. R. Lasley</u> (ADDRESS) <u>Summersville, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Summersville, Mo</u> DATE <u>9/23</u> 19 <u>37</u>				
19. UNDERTAKER <u>W. R. Lasley</u> (ADDRESS) <u>Summersville, Mo.</u>				
20. FILED <u>9/23</u> 19 <u>37</u> <u>Vida W. SIMONS</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1937
 22. I HEREBY CERTIFY, That I attended deceased from 9-22 1937 to 9-22 1937

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11 P. m. 9-21-37

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

Steel born

Date of onset

9-21-37

Other contributory causes of importance:

Prognosis of cord9-21-37

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

What test confirmed diagnosis? Exam 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? n

If so, specify.....

(Signed) E. C. Bohrer, M. D.(Address) West Plains, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

