

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi  
Township Jefferson  
City Charleston

Registration District No. 566  
Primary Registration District No. 5762

File No. 38251

Registered No. 176

2. FULL NAME

(a) Residence, No. R 20 St. 1st Ward. 1  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) near 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. near 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Charleston Mo

13. NAME Joe Pasley

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

15. MAIDEN NAME Mary Duffie

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

17. INFORMANT (ADDRESS) Joe Pasley  
1st St Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Oct 14 37

19. UNDERTAKER (ADDRESS) Frank Law  
Charleston Mo

20. FILED 10-14-37 1937 F. D. Vernon  
Registrar.

MEDICAL CERTIFICATE OF DEATH 9 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1937, to Oct 13, 1937

I last saw h. 14 alive on 10-12, 1937 Death is said

to have occurred on the date stated above, at 9:00 P.M.

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

Broncho pneumonia  
Ac. Nephritis  
secondary to  
Ac. Bronchitis

Other contributory causes of importance:

Name of operation none Date of 10/12

What test confirmed diagnosis? urinal 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 E. Charles Polunsky, M. D.

(Signed) Charles Polunsky (Address) Charleston 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.

