

NOV 23 1937

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

38591

1. PLACE OF DEATH

County RandolphRegistration District No. 735

Township

Primary Registration District No. 3034

City

(No. 627)Woodland

St.

243 Ward)

2. FULL NAME

(a) Residence, No. 627 Woodland St. 2 Ward.

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 19377. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 8

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) Mo.13. NAME Luther W. Minivent14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Louise Pfeister16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Luther W. Minivent
Woodland Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodland Mo. DATE Oct. 29 - 193719. UNDERTAKER (ADDRESS) W. H. Hunter
Woodland Mo.20. FILED Oct 29 - 19 37 W. H. Hunter
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 - 193722. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1937, to Oct 29, 1937.I last saw her alive on Oct 26, 1937. Death is saidto have occurred on the date stated above, at 6:00 A.M.

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

Bronchial Pneumonia (Date of onset)PrematurityOther contributory causes of importance: 1072Name of operation None Date of 0What test confirmed diagnosis? None 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? No

If so, specify _____

(Signed) W. H. Hunter, M. D.(Address) Woodland, Mo.

ALL INFORMATION SHOULD BE CAREFULLY SUPPLIED. A-2 SHOULD BE STATED EXACTLY AS SHOWN. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

