

NOV 23 1937

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

Do not use this space.

38665

1. PLACE OF DEATH

County St. Francois
Township Iron
City Iron (No. _____) St. _____ Ward _____

Registration District No. 771
Primary Registration District No. 6017

File No. _____
Registered No. _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 25 - 1937</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <u>10</u> hrs. or <u>20</u> min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1937 to Oct 26 - 1937

I last saw h. in alive on Oct. 26 1937 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year) _____ <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation _____

Date of onset _____

Don't know.

Other contributory causes of importance: see B

12. BIRTHPLACE (CITY OR TOWN) Iron Mountain Mo.
(STATE OR COUNTRY)

13. NAME Pearl Tomlinson.

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

15. MAIDEN NAME Viola Pearl Jones.

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

17. INFORMANT Prod Tomlinson Mo.
(ADDRESS) Iron Mountain Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Don Run Mo. DATE Oct. 27 - 1937

19. UNDERTAKER Ed. Hill Mo.
(ADDRESS) St. Charles Mo.

20. FILED Oct. 26 1937 J. W. Gale M.D.
Registrar.

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) J. W. Gale M. D.
(Address) St. Charles Mo.

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

