

DEC 20 1937

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

Do not use this space.

41443

1. PLACE OF DEATH

County Iron
Township Bradley
City (No.) (No.) St. (No.) Ward

Registration District No. 39/1
Primary Registration District No. 2546a

File No. _____
Registered No. 64

2. FULL NAME

Burl Childers

(a) Residence, No. _____ St. _____ Ward _____
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 9 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Reynolds County Mo.

13. NAME Burl Childers

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Tommy Moore

18. BURIAL, CREMATION, OR REMOVAL PLACE Upper State Creek DATE 11/22 37

UNDERTAKER (ADDRESS) White & Son

Nov 30 1937 R A Rasche
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12 1937 to Sept 9 1937

I last saw him alive on July 12 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance:

an

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? no
If so, specify _____

(Signed) G. O. Johnson, M. D.
(Address) Spoutan, Mo.

Age of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state BIRTH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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N.B. - MISSOURI

