

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ripley
Township Union
City Union (No. 1)

Registration District No. 102
Primary Registration District No. 5493

File No. 46506
Registered No. 15
St. Union Ward 1

2. FULL NAME

Not named

(a) Residence, No. 1 St. Union Ward 1
(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

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

mb.

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

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

11-20-1937

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.

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)

Union, Mo.

FATHER

13. NAME

Not known

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

MOTHER

15. MAIDEN NAME

Leona Bates

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

mo.

17. INFORMANT (ADDRESS)

Leona Bates

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burien, Mo. DATE 11 20 1937

19. UNDERTAKER (ADDRESS)

Friends

20. FILED

11 30 1937

G. G. Sprague
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 20 1937

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....
I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 11.00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance

No Phy. Present

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) G. G. Sprague Registrar

(Address) Register

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.

