

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

Do not use this space.

1908

1. PLACE OF DEATH

County Audrain
Township Kiln
City _____ (No. _____) St. _____ Ward _____

Registration District No. 951
Primary Registration District No. 5037C

File No. 2
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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OR husband
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 - 1917
7. AGE YEARS 20 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) St. Charles (STATE OR COUNTRY) Missouri

FATHER 13. NAME Un Known 14. BIRTHPLACE (CITY OR TOWN) Un Known (STATE OR COUNTRY) Un Known

MOTHER 15. MAIDEN NAME Un Known 16. BIRTHPLACE (CITY OR TOWN) Un Known (STATE OR COUNTRY) Un Known

17. INFORMANT Miss Behrens (ADDRESS) Centralia, Mo.

18. BURIAL, CREMATION, OR REMOVAL Centralia, Mo. DATE Feb 14th 1938

19. UNDERTAKER (ADDRESS) Centralia, Mo. W. M. McDonald

20. FILED Feb 14th 1938 B. M. Mosley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19____, to Feb. 13, 1938
I last saw him alive on Feb. 13, 1938 Death is said to have occurred on the date stated above, at 12:15 A. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1934

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Phys Exam 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 or deceased? no
If so, specify _____
(Signed) W. M. McDonald, M. D.
(Address) Centralia, 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH