

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

Do not use this space.

49 1. PLACE OF DEATH
 County Iron Registration District No. 392
 Township Ascadia Primary Registration District No. 4231
 City Pilot Knob (No. _____) St. _____ Ward _____
 File No. 2958
 Registered No. 7

2. FULL NAME (Stillborn) Close 420
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 0 0
 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) Pilot Knob Mo.
 MOTHER 13. NAME Willie Close
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ascadia Mo.
 15. MAIDEN NAME Essie Wash
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Mountain Mo.
 17. INFORMANT Willie Close
 (ADDRESS) Pilot Knob Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo. DATE Jan-9-1938
 19. UNDERTAKER None
 (ADDRESS) _____
 20. FILED Jan 10 1938 L. J. Effinger Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1938
 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 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Probably
thetarsis
 Date of onset _____
 Other contributory causes of importance: _____
 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) J. H. Martin md (Crown) M. D.
 (Address) Creston 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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