

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.

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6724

128

1. PLACE OF DEATH

County BarneyRegistration District No. 3/0Township CooperPrimary Registration District No. 54279City Darlington (No. _____)

St. _____ Ward _____

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

4. COLOR OR RACE

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

Female white single

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

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

Dec. 6 - 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

78

2

2

OCCUPATION

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

House keeper

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)

Darlington Mo.

MOTHER FATHER

13. NAME

John Sloan

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

Weith Co. Virginia

15. MAIDEN NAME

Elizabeth Boatright

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

Madison Co. Kentucky

17. INFORMANT (ADDRESS)

Kate Sloan Darlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Graville

DATE

Feb. 9 1938

19. UNDERTAKER (ADDRESS)

Clifford Brooke Palmyra, Mo.

20. FILED

Feb 9 1938

M. L. Warr Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb. 8 1938

22. I HEREBY CERTIFY That I attended deceased from

Feb 5 1938 to Feb 5 1938

I last saw h. alive on Feb. 7 1938 Death is said

to have occurred on the date stated above, at 7 A. m.

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

Date of onset

Bronchial pneumonia

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? _____

If so, specify _____

(Signed)

E. B. Stockley M. D.

282 (Address)

K. E. C. C.

