

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 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Holt
Township Liberty
City (No. _____) _____

Registration District No. 372
Primary Registration District No. 5519

File No. 6891
Registered No. 943
St. _____ Ward _____

2. FULL NAME

Infant Daughter of John W. M. Furkin 252

(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 Female 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) July 18 1938

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) Holt Co. Mo.

FATHER 13. NAME John W. M. Furkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Mo.

MOTHER 15. MAIDEN NAME Mary Pauline Weems

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax Va. Mo.

17. INFORMANT (ADDRESS) John W. M. Furkin

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 2-19-38

19. UNDERTAKER (ADDRESS) Wm. B. ...

20. FILED 219 19 25 February Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1938, to 2-18, 1938

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Still born
7 mo 1 wk

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? _____
If so, specify _____
(Signed) D. B. Perry, M. D.
(Address) Manassas City Mo

