

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D APR 18 1938

1. PLACE OF DEATH

County Laclede
Township Lackwood
City Lackwood (No. 630)Registration District No. 238Primary Registration District No. 4145File No. 10577

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward. _____

(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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Oct. 30 - 1914

7. AGE

13

YEARS

MONTHS

11

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.none9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Springfield Mo

13. NAME

Clifford Bird14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Laclede Mo

15. MAIDEN NAME

Bernice Hisey16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lackwood Mo17. INFORMANT
(ADDRESS)Bernice Bird
Lackwood Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield DATE Mar 3 193819. UNDERTAKER
(ADDRESS)J. J. Caldwell
Lackwood Mo

20. FILED

Mar 3 1938J. J. Caldwell

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from

2-10-1938 to 2-27-1938I last saw him alive on 2-27-1938 Death is saidto have occurred on the date stated above, at 5:00 a.m.

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

InfluenzaDate of onset
2-10-38

Other contributory causes of importance:

Bronchial pneumonia

Name of operation

Date of _____

What test confirmed diagnosis?

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 of deceased? no

If so, specify _____

(Signed) T. D. Combs

_____, M. D.

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Lackwood 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.

