

DEC 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
 Township Boone
 City Middlebourn (No.)

Registration District No. 591
 Primary Registration District No. 5789

File No. 11552
 Registered No. St. Ward

2. FULL NAME Donald Hudson Christian 623

(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 1 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 18, 1934

7. AGE YEARS 3 MONTHS 8 DAYS 26 **IF LESS than 1 day,** hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.Child**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) Millwood, Lincoln Co. Missouri (STATE OR COUNTRY)**13. NAME** David Nathaniel Christian**14. BIRTHPLACE** (CITY OR TOWN) Big Springs, Mo. (STATE OR COUNTRY) Montgomery Co.**15. MAIDEN NAME** Edith Lee Hudson Christian**16. BIRTHPLACE** (CITY OR TOWN) Montgomery City, Mo. (STATE OR COUNTRY) Montgomery**17. INFORMANT** Edith L. Christian (ADDRESS)**18. BURIAL, CREMATION, OR REMOVAL** PLACE Montgomery City DATE Mar 16 1938**19. UNDERTAKER** Pritchett & Kuhle (ADDRESS) Middlebourn, Mo.**20. FILED** 3/16 1938 Leah Bigg Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH** (MONTH, DAY, AND YEAR) Mar 14th 1938**22. I HEREBY CERTIFY**, That I attended deceased from Jul 27th 1938 to Mar 15th 1938I last saw alive on Mar 14th 1938. Death is said to have occurred on the date stated above, at 8 P. m.

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

measles Date of onsetOther contributory causes of importance: 7-
Acute BronchopneumoniaName of operation Date of
What test confirmed diagnosis? Outside 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) A. Bench, M. D.521 (Address) Middlebourn, 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.

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