

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15514

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.,

Ward.

Length of residence in city or town where death occurred 5 1/2 yrs. 6 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)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER
(ADDRESS)

20. FILED

1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4-19-

1938

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 1938 to 4-19-1938

Last saw him alive on Apr 4th 1938

Death is said

to have occurred on the date stated above, at 10:30 P.M.

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

Lymphatic Leukemia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Blood tests

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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. J. Campbell, M. D.

(Address) Sedalia, Mo.

File No.

Registered No.

St.

Ward)

325

(If nonresident, give city or town and State)

