

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 10 1938

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

Do not use this space.

18890

1. PLACE OF DEATH

County Missouri Registration District No. 568
 Township Wright Primary Registration District No. 5765
 City Wright St. _____ Ward _____

File No. _____
 Registered No. 50

2. FULL NAME

(a) Residence, No. 2 1/2 mi SE of Wyatt St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1871

I last saw h. _____ alive on _____ Death is said to have occurred on the date stated above, at _____

7. AGE YEARS 66 MONTHS 10 DAYS 2 If LESS than 1 day, _____ hrs. _____ min.

The principal cause of death and related causes of importance were as follows: Dysentery (Flux) acute Date of onset _____

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

This is given by family history was sick about 4 days

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County Tenn

13. NAME Ukucora

Name of operation no Date of _____

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

What test confirmed diagnosis family history Was there an autopsy? _____

15. MAIDEN NAME Ukucora

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Orden Warr Wyatt Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright DATE May 17 1938

Nature of injury _____

19. UNDERTAKER (ADDRESS) Frank Law Funeral Home Charleston Mo.

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 5-15 1938 F. D. Verion Registrar.

If so, specify _____ (Signed) Frank J. Verion M. D.

(Address) Charleston Mo

