

REC'D JUN 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County ClarkTownship Big CreekCity Dugginsville (No. _____, _____ St. _____ Ward)Registration District No. 8-5-58.59Primary Registration District No. 6-1-2-6File No. 19081

Registered No. _____

2. FULL NAME Died not named(a) Residence, No. Dugginsville St. _____ Ward _____

(Usual place of abode)

(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 F4. COLOR OR RACE W

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) May 27

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or 5 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) Mo 0

FATHER

13. NAME Harvey Merriman 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 0

MOTHER

15. MAIDEN NAME Arculia Rice16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Jennie Rice
Dugginsville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dugginsville DATE May 28 193819. UNDERTAKER (ADDRESS) Warden Turley20. FILED June 4 1938 Naomia Quick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 193822. I HEREBY CERTIFY, That I attended deceased from lived 5 minutes, 1938I last saw her alive on May 27, 1938. 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:

Date of onset

Premature154

Other contributory causes of importance:

the mother got a fall

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 _____, 1938Where 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 a fall(Signed) Dr. T. M. Callen, M. D.(Address) Prater, Mo.

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

