

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

Do not use this space.

REC'D JUN 24 1938

19721

**1. PLACE OF DEATH**

County Stoddard  
Township Clark  
City (No) \_\_\_\_\_

Registration District No. 836  
Primary Registration District No. 6100

File No. \_\_\_\_\_  
Registered No. 2635 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Walker R# 2 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 5-14-1938, to 5-14-1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1927

I last saw him alive on 5-14-1938 Death is said to have occurred on the date stated above, at 1220 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 8 27

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

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. Student  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Fractured Skull killed by a runaway mule  
Date of onset 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

13. NAME Edgar Terry

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

15. MAIDEN NAME Sarah Jane Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pegonia Mo.

17. INFORMANT Edgar Terry (ADDRESS) Walker Rd R# 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Bornie Cemetery DATE 5/15/38

19. UNDERTAKER Hugh's Funeral Service (ADDRESS) Bornie Mo.

20. FILED May 31, 1938 Louise C. Allen Registrar.

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Lawson Wilson, M. D.  
(Address) Bornie Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

