

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

Do not use this space.

REC'D JUN 9 1938

19732

1. PLACE OF DEATH

County Stoddard Registration District No. 439
Township Richards Primary Registration District No. 6101
City (No. _____) St. _____ Ward _____

2. FULL NAME

(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 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)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 15 38

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 15 38

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

Massive Thrombosis Date of onset _____
Heart Presenting -
Version -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen mo -

13. NAME Acil Richards

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

15. MAIDEN NAME Mary Hoan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co

17. INFORMANT (ADDRESS) Acil Richards

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor DATE 5/16 8

19. UNDERTAKER (ADDRESS) None

20. FILED 6-8 1938 J. B. Brander Registrar.

Other contributory causes of importance:

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....., 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 Massive Thrombosis

(Signed) J. B. Brander, M. D.

(Address) Gen mo

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

