

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

REC'D JUL 12 1938

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

Do not use this space.

21030

1. PLACE OF DEATH

County Jackson  
Township Raw  
City W. de Mo

Registration District No. 399  
Primary Registration District No. 1002

File No. 2420  
Registered No. 500

2. FULL NAME

(a) Residence, No. 601-E-16 St. 10th Ward. 500  
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 38

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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) W. de Mo

13. NAME Ernest Rainey

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

15. MAIDEN NAME Myra Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. de Mo

17. INFORMANT (ADDRESS) Ernest Rainey

18. BURIAL, CREMATION, OR REMOVAL PLACE W. de Mo DATE June 20 1938

19. UNDERTAKER (ADDRESS) Rose + Henderson

20. FILED June 20 1938 M. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938

22. I HEREBY CERTIFY That I attended deceased from June 17 1938, to June 18 1938

First saw him alive on June 17 1938 Death is said to have occurred on the date stated above, at 7 m.

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

Fatal asphyxia Date of onset June 18 38

Other contributory causes of importance: Enlarged Thymus

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? no

If so, specify (Signed) R. A. Murren (Address) 2740 Park Ave

- Dr Ludwig -  
osp

Dr Murren

Z 4913

N. W. Coy 27 yrs