

DEC'D JUL 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Howell
Holdrege

Township

City

(No. _____)

Registration District No.

383

Primary Registration District No.

5334

File No.

22007

Registered No.

St.

Ward

2. FULL NAME

not named

(a) Residence, No.

(Usual place of abode)

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

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Infant

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

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

6-8-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Intervenor no

13. NAME

Jas. Rupert Harrison

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Howell Co
Mo

15. MAIDEN NAME

Golda Moore

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Texas Co
Mo17. INFORMANT
(ADDRESS)

J. R. Harrison

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bell Cemetery DATE 6-8-1938

19. UNDERTAKER
(ADDRESS)

none

20. FILED

7-5 1938 J. W. Whittington
Registrar

MEDICAL CERTIFICATE OF DEATH

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

6-8

1938

22. I HEREBY CERTIFY, That I attended deceased from

6-8-1938

1938

to

6-8-1938

1938

I last saw him alive on 6-8-1938. 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:

Abdominal Cleft
Congenital

Date of onset

Other contributory causes of importance:

malformation

Name of operation

Date of

What test confirmed diagnosis?

Physical

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

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) C. P. Truitt, M. D.

(Address)

MISSOURI STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22007
Do not use this space.

1. PLACE OF DEATH

(a) County Howe Registration District No. 383
 (b) Township Goldberg Primary Registration District No. 3334
 (c) City..... (d) Street No.....
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Not named

(a) Residence, No. St. (If nonresident, give city or town and State)

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) mf

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1938

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

22. I HEREBY CERTIFY, That I attended deceased from When Born

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

I last saw h..... alive on....., 19..... 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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10 hrs. or..... min.

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as 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) not view (STATE OR COUNTRY)

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME Gas. Rupert Hartman

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

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)

MOTHER 15. MAIDEN NAME Golda

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

19. FUNERAL DIRECTOR (ADDRESS)

(Signed) C. R. Terrell, M. D. (Address).....

20. FILED 6-10 1938 W. W. W. Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION, if not stated, may be properly classified. Exact statement of OCCUPATION, if not stated, may be properly classified.

SUPPLEMENTARY

