

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

Do not use this space.

REC'D JUL 25 1938

**1. PLACE OF DEATH**

County Stoddard Registration District No. 834 File No. 23109  
 Township Pike Primary Registration District No. 6697 Registered No. 15  
 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**

3. SEX M 4. 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) 6/26/38

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

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 0

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

13. NAME Chester Holt

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

15. MAIDEN NAME Ada Single

16. BIRTHPLACE (CITY OR TOWN) Bell City (STATE OR COUNTRY) Mo

17. INFORMANT Chester Holt (ADDRESS) Bell City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter's Bm DATE 7/4 1938

19. UNDERTAKER Welch Funeral Home (ADDRESS) Stoddard Mo

20. FILED 7-9 1938 D. S. McNeil Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/26 1938, to 7/3 1938

I last saw him alive on 6/25 1938 Death is said to have occurred on the date stated above, at 7 P m.

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

Hardship and  
Complete left palate  
1874

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1938

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) J. A. Cline M. D.

(Address) Oran Mo

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.

