

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.

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 Stone

Township Sto

City (No)

Registration District No. 843

Primary Registration District No. 6284

File No. 23117

Registered No. (St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. 3 mos.

ds. How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

March 24-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

3

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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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)

Crawford Billings R.R. 2

FATHER

13. NAME

Virgil Alexander

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

Fair Grove

MOTHER

15. MAIDEN NAME

Gladys Jones

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

St. Joseph

17. INFORMANT (ADDRESS)

Virgil Alexander
Crawford Billings R.R. 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE McConnell Cemetery DATE 6-28-1938

19. UNDERTAKER (ADDRESS)

Herald Merritt act.
Crawford R.R. 2

20. FILED

6/28 19 38 Nellie Tronky

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28-1938

22. I HEREBY CERTIFY, That I attended deceased from

June 27-1938 to June 28-1938

I last saw her alive on June 27-1938. Death is said

to have occurred on the date stated above, at 3 a.m.

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

Broncho Pneumonia

Date of onset 6-24-38

Other contributory causes of importance:

Whooping Cough

6-10-38

Name of operation none Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

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) N. L. Tier, M. D.

(Address) Crawford

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