

DEC 9 AUG 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Adair

Registration District No.

4

File No.

24574

Township

City

Herbenville

(No.

Primary Registration District No.

3001

Registered No.

123

St.

Ward)

2. FULL NAME

(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)

C

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

C

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

July 20 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

0

0

0

OCCUPATION

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

C

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)Kirksville
mo. 0

13. NAME

Rease Byrn 0

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Schuyler Co
mo. 0

15. MAIDEN NAME

Opal Anders

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Schuyler Co
mo.17. INFORMANT
(ADDRESS)Rease Byrn
Schuyler Co mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Coffin

DATE

July 20 1938

19. UNDERTAKER
(ADDRESS)Lloyd Moore
12 Downing mo.

20. FILED

July 20 1938 Spencer L. Treeman
Registrar. 3

MEDICAL CERTIFICATE OF DEATH

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

July 20 1938

22. I HEREBY CERTIFY that I attended deceased from

July 20 1938 to July 20 1938

I last saw her alive on July 20 1938. Death is said

to have occurred on the date stated above at 3:24 a.m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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)

John H. Adams, D.O., mo.

(Address)

Herbenville

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.

