

AUG 22 1938

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

Do not use this space.

26355

## 1. PLACE OF DEATH

County *Lincoln*Registration District No. *754*

File No. ....

Township *St. Charles*Primary Registration District No. *3036*

Registered No. ....

City *St. Charles**St. Joseph Hospital* 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

*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)

*July 19 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.

*none*

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)

*St. Charles Missouri*

13. NAME

*Earl Moses*

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

*Fredericktown Missouri*

15. MAIDEN NAME

*Vivian Harrell*

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

*Irving Missouri*

17. INFORMANT (ADDRESS)

*J. Earnest Harrell Irving, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Trombille Cem* DATE *July 9 1938*

19. UNDERTAKER (ADDRESS)

*none*

20. FILED

19.....

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

*July 19 1938*

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him..... 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:

Date of onset

*Still - Born*

Other contributory causes of importance:

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?.....

If so, specify.....

(Signed) *J. L. Newberry*, M. D.(Address) *J. Charles*

Attest: Every return or 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

26350  
Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 75-7  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3036 Registered No. \_\_\_\_\_  
 (c) City St Charles (d) Street No. St Joseph Hospital St. \_\_\_\_\_  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (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 Stillborn

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw him 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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 \_\_\_\_\_

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St Charles (STATE OR COUNTRY) Missouri

FATHER 13. NAME Earl Moser

FATHER 14. BIRTHPLACE (CITY OR TOWN) Fredonia (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Susan Harrell

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Boonville (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. Earnest Harrell  
Gray

18. BURIAL, CREMATION, OR REMOVAL PLACE Thornhill Cem DATE July 19 1938

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED 9/20/38 19... Clarence P. Messer  
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) B. L. Neubiser, M. D.  
 (Address) St Charles

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

