

1938 SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Liberty
City (No. _____) _____

Registration District No. 1115
Primary Registration District No. 6021

File No. 29906
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Claud J. Common

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Mary, 19____, to____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1938

to have occurred on the date stated above, at 4:30 p.m.

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

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

Acute Cholera Infantum Date of onset _____

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. None

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) (STATE OR COUNTRY) Franklin Mo

FATHER 13. NAME William Common

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

MOTHER 15. MAIDEN NAME Maud Holmes

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

17. INFORMANT (ADDRESS) Wm. Common

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Aug 4, 1938

19. UNDERTAKER (ADDRESS) Parsonage Ford Co. Franklin Mo

20. FILED 8/4 1938 H. G. A. Bydeat Registrar

Name of operation Cholera Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) R. Applegate, M. D.

(Address) Franklin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(S. T. Williams & Co.)

Chatham, September 3. 38

Aug 4 1838.

My dear Sir a pleasure

R. Appleton

Secretary West's Bank
No. 71 Pine St