

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 Webster Registration District No. 897
Township Ragelwood Primary Registration District No. 602
City (No. _____) St. _____ Ward _____

File No. 30292
Registered No. 74

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-2-1938
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day hrs. or min.

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) Webster Co Mo

13. NAME Alfred Clark

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

15. MAIDEN NAME Josephine Drew Beck

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

17. INFORMANT (ADDRESS) Miss Seymour

18. BURIAL, CREMATION, OR REMOVAL PLACE at home DATE 8-2-38

19. UNDERTAKER (ADDRESS) none

20. FILED 8/3 1938 R.E. Monahan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 1938
22. I HEREBY CERTIFY that I attended deceased from 8-2, 1938 to 8-2, 1938
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:

Stillbirth
2 or 3 yrs.
Other contributory causes of importance:
House boiler returning
passing
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) E. G. Beas, M. D.
(Address) Seymour 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.

