

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 7 1938

1. PLACE OF DEATH

County Shelby
Township Reese
City Reese (No. _____ St. _____ Ward)

Registration District No. 677
Primary Registration District No. 4403

File No. 40036
Registered No. 135

2. FULL NAME

(a) Residence, No. Reese, Shelby Co., Mo. 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. X X X 5

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

13. NAME Margaret M. Deuel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reese, Mo.

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Calvin M. Deuel, Reese, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Co. Mo. DATE Nov. 2, 1938

19. UNDERTAKER (ADDRESS) Reese, Mo.

20. FILED Nov. 2, 1938 Joe F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from 11/1/38, 19____ to 11/1/38, 19____
I last saw him alive on 11/1/38, 19____. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

Premature Infant of about 6 1/2 months gestation.

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? _____
If so, specify _____
(Signed) John D. O'Connell M. D.
(Address) Vienna, Missouri

