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.

REC'D JAN 25 1939

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

Do not use this space.

1. PLACE OF DEATH

79 County Perry 2 Registration District No. 662 File No. 44077

Township Salem 1 Primary Registration District No. 5880 Registered No. 14

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 255 Still Birth

(a) Residence, No. ~~Menfro, Mo R#1~~ 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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

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

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

7. AGE YEARS Still Birth 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.

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) Menfro, Mo R#1 O

FATHER

13. NAME Alfred P Bachmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crosstown Mo O

MOTHER

15. MAIDEN NAME Erna L. Fragmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Mo O

17. INFORMANT (ADDRESS) Alfred P Bachmann Menfro, Mo R#1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crosstown DATE 12-24, 1938

19. UNDERTAKER (ADDRESS) —

20. FILED 12-24, 1938 J. F. DeLassus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Dec 24, 1938 Death is said to have occurred on the date stated above, at 4:30 P m.

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

Date of onset

Still Birth

7 months Justation

Other contributory causes of importance:

Unknown

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) Oscar A Carron, M. D.

596 (Address) Perryville Mo.