

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.

REC'D FEB 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Canter
City Conway Mo (No. 1)

Registration District No. 0-38
Primary Registration District No. 5727

File No. 3007
Registered No. 0 St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 0 0

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) Conway Mo

FATHER
13. NAME Subert Dawd 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Dorothy Tripp 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ola

17. INFORMANT (ADDRESS) Subert Dawd

18. BURIAL, CREMATION, OR REMOVAL PLACE Conway Mo DATE 1/22/39

19. UNDERTAKER (ADDRESS) Eod Homan Morgue Mo

20. FILED Jan 21 1939 S. C. Slaughter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-20 1939 to 1-20 1939
I last saw him Not living, 19____ Death is said to have occurred on the date stated above, at 7X m.
The principal cause of death and related causes of importance were as follows:

asphyxiation during fresh delivery
Date of onset _____
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? No
If so, specify _____
(Signed) W. H. Barron M. D.
Fredrickson (Address) _____

