

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 MAR 17 1939

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

Do not use this space.

6908

1. PLACE OF DEATH

50 County JEFFERSON Registration District No. 421
Township 2 Primary Registration District No. 5575a
1 City CRYSTAL CITY, MO. No. 1 St. _____ Ward _____

File No. _____
Registered No. 22

2. FULL NAME

(a) Residence, No. CRYSTAL CITY, MO. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-16th 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHILD
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) OLIVE BRANCH ILLINOIS

13. NAME TOM BOON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

15. MAIDEN NAME ELLA MAE MOORE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLYTHEVILLE ARK.

17. INFORMANT Mr. Sherman Moore
(ADDRESS) Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City, Mo. DATE Feb. 28th 1939

19. UNDERTAKER Geanty R. Polite
(ADDRESS) Crystal City, Mo.

20. FILED 2-27-39 J. E. Kiffledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26th 1939

22. HEREBY CERTIFY, That I attended deceased from By Inquest duties Feb. 26, 1939

I first saw h. _____ alive on _____ 19____ Death is said to have occurred on the date stated above, at 3:30^{pm}

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

Death due to burns received in burninghouse

Other contributory causes of importance: 180
15

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 accident Date of injury Feb. 26, 1939

Where did injury occur? Crystal City, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury In burninghouse
Nature of injury Severe burns

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Frank Frazier, Coroner No. 382 (Address) Festus, Mo. #

