

RECORDED MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Missouri*
Township *Charleston*
City *Charleston* (No. *1053*)

Registration District No. *566*
Primary Registration District No. *3030*

File No. *15538*
Registered No. *34*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) *603 W. Commercial St.* Ward _____

Length of residence in city or town where death occurred *0* yrs. *0* mos. *0* 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 23 1939*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Miscarriage 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 *0*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Charleston, Mo*

MOTHER 13. NAME *W. C. Bryant*

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

15. MAIDEN NAME *Rose Couray*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hoffels, N. Y.*

17. INFORMANT (ADDRESS) *W. C. Bryant*

18. BURIAL, CREMATION, OR REBURY PLACE DATE *W. G. F. Couray March 24 39*

19. UNDERTAKER (ADDRESS) *Frank J. Furch*

20. FILED *3-25-1939* Registrar *F. D. Vernon*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 23 1939*

22. I HEREBY CERTIFY, That I attended deceased from *on Mar 23 1939* to _____, 19____

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:

Miscarriage 4 mos.

Other contributory causes of importance: _____

Name of operation *none* 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? *no*

If so, specify _____ (Signed) *E. Ches Rowing* M. D.

(Address) *Charleston, Mo*

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.

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