

50 JUL 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Rehoboth
City Yersip

Registration District No. 601839
Primary Registration District No. 4510

File No. 23431
Registered No. 35
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day 14 hrs. or 30 min.

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) Essay, Mo.

13. NAME Dr. James Harris

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

15. MAIDEN NAME Dorothy June Kiffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essay, Mo.

17. INFORMANT Mr. Paul Smith (ADDRESS) Essay, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Essay Cem. DATE June 18-39

19. UNDERTAKER None (ADDRESS) _____

20. FILED June 18, 1939 D. P. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17-1939

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

I last saw him alive on June 17-1939 Death is said to have occurred on the date stated above, at 4 P.M.

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

Premature Birth Date of onset 1939

Other contributory causes of importance: Do not know

Name of operation _____ Date of _____

What test confirmed diagnosis Cholera Was there an autopsy? Yes

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) J. P. Brandon M. D.

754 (Address) Essay, Mo.

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.

RECEIVED

District Health Officer No. 2

District File Number 239-81

Date Filed 7-22