

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.

FILED JUL 1 1940

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

Do not use this space.

21381

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Male

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)

5/22/40

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

3 days

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)

Portland Co Ind

FATHER

13. NAME

Lee Brown

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

Ind

MOTHER

15. MAIDEN NAME

Hattie Gay Turner

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

Ind

17. INFORMANT (ADDRESS)

Lee Brown

18. BURIAL, CREMATION, OR REMOVAL

PLACE

males burial

DATE

5/26-1940

19. UNDERTAKER (ADDRESS)

W.V. Brown acting

20. FILED

5/27-1940

Dr. J. D. Myers

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5/25-1940

22. I HEREBY CERTIFY, That I attended deceased from

5/22-1940 to 5/25-1940

I last saw him alive on 5/22-1940 Death is said

to have occurred on the date stated above, at 5 PM.

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

Pyelitis malformis  
Heart  
157C

Date of onset

5/23/40

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?

If so, specify

(Signed)

(Address)

M. D.

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RECEIVED  
District Health Officer No. 17  
District File Number 6-44-2891  
Date Filed 6-18-44