

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.

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

Do not use this space.

36 **1. PLACE OF DEATH** County Franklin Registration District No. 295
 Township Bassett Primary Registration District No. 545a
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Verna Ruth Reburna

(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.

28944-1
 File No. _____
 Registered No. 34
 St. _____ Ward _____

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1921

| | | | | |
|---------------|--------------|---------------|-------------|---|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
| | <u>11</u> | <u>2</u> | <u>14</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Washington Co Mo 1

13. NAME Paul Reburna

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

15. MAIDEN NAME Joan E. Garner

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

17. INFORMANT Joe Reburna
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Argo Cem DATE 9/27 1932

19. UNDERTAKER James Meyer
(ADDRESS) Washburn

20. FILED Dec 9th 1932 Joe P. Demigan
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept 21, 1932 to Sept 21, 1932
 I last saw him alive on Sept 21, 1932 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:
Pulmonary Tuberculosis
23A
 Other contributory causes of importance: (1)

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) J. J. Ferrell, M. D.
 (Address) Wrensaville, Mo

This report was misplaced in the mail

NOV 9 1956