

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

Do not use this space.

33012

**1. PLACE OF DEATH**

72 County Wayne  
Township 1st  
City Waverly (No. \_\_\_\_\_)

Registration District No. 604 577E  
Primary Registration District No. 5802

File No. 284  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			
	<u>Male</u>	<u>white</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-1-32</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>2</u>	<u>8</u>	<u>8</u>		
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) <u>Warren Pa</u>					
FATHER	13. NAME <u>Clyde Stover</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburgh Pa</u>				
MOTHER	15. MAIDEN NAME <u>Oliver Snyder</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Pa</u>				
17. INFORMANT <u>Clyde Stover</u> (ADDRESS) <u>Waverly 200</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Interment Society 10/7/32</u>					
19. UNDERTAKER <u>J. M. Payne</u> (ADDRESS) <u>Waverly 1110</u>					
20. FILED <u>12/16</u> <u>J. M. Payne</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1932 to 10-9, 1932  
I last saw her alive on 10-7, 1932. Death is said to have occurred on the date stated above, at 1-9 a.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia Date of onset 10/5/32  
119 B / 19  
107A / 19  
Other contributory causes of importance:  
Quality

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) Clyde M. Payne, M. D.  
(Address) Waverly Pa

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.

COPY RESERVED FOR BINDING

