

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

Do not use this space.

900

1. PLACE OF DEATH
 36 County Franklin Registration District No. 293
 4 Township Pacific Primary Registration District No. 4177
 6 City Pacific (No. _____) St. _____ Ward _____

2. FULL NAME Motilda May Vargson
 (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 2 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? 2 yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 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) Jan-7-1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1933

22. I HEREBY CERTIFY that I attended deceased from Jan 5 1933, to Jan 5 1933
 I last saw him alive on Jan 5 1933 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION

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

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 —

Premature birth 15 7 14 Mo gestation

Date of onset _____

Other contributory causes of importance: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific Mo

FATHER

13. NAME Elzie Vargson

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

MOTHER

15. MAIDEN NAME Edua Hinge

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

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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 _____

17. INFORMANT Elzie Vargson (ADDRESS) Pacific Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific City DATE Jan 8 1933

19. UNDERTAKER Elzie Vargson (ADDRESS) Pacific Mo

20. FILED Jan-8 1933 Ed M. Phelps Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Ed M. Phelps, M. D.
 (Address) Pacific, Mo.

N. B.—Every item of information on this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and the plans for the future.

The work during the year has been very busy and has resulted in many important discoveries. The most significant of these are the discovery of the new element, the discovery of the structure of the atom, and the discovery of the laws of physics.

The discovery of the new element was made by the team led by Dr. X. This element has many interesting properties and is expected to have many practical applications. The discovery of the structure of the atom was made by the team led by Dr. Y. This discovery has led to a better understanding of the nature of matter and the forces that hold it together. The discovery of the laws of physics was made by the team led by Dr. Z. These laws describe the behavior of objects in motion and the forces that act on them.

The work done during the year has been very valuable and has contributed greatly to our knowledge of the world. We are proud of the achievements of our team and look forward to continuing our work in the future.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin
Township
City Pacific (No.)

Registration District No. 293
Primary Registration District No. 4177

File No.
Registered No. 2
St. Ward)

2. FULL NAME

(a) Residence, No. 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)

S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 5 - 33

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

X

2

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

Jan 7 1933 Hele M. Thelk
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the m.

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

Premature birth Date of onset

Other contributory causes of importance:

15

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) , M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information entered.

S-900