

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

Do not use this space.

2970

**1. PLACE OF DEATH**

95 County ..... Registration District No. 780  
 1 Township St. Genevieve Primary Registration District No. 4466  
 4 City St. Genevieve (No. ....) St. .... Ward)

File No. ....  
 Registered No. 4

**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. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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) Jan 5 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1590  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 159  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 159

12. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

FATHER: 13. NAME Walter Wilburn

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

MOTHER: 15. MAIDEN NAME Agnes Jenkins

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

17. INFORMANT (ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve DATE Jan 10 1933

19. UNDERTAKER (ADDRESS) Geo. C. Basler St. Genevieve Mo

20. FILED Jan 10 1933 T. W. Douglas Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 5 1933, to Jan 9 1933

I last saw h. ed. alive on Jan 9 1933. Death is said to have occurred on the date stated above, at 10:15 p.m.

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

Premature Birth.  
6 months  
Patent Ductus Arteriosus 4 days

Other contributory causes of importance:

Name of operation None Date of ✓  
 What test confirmed diagnosis? None Was there an autopsy? (M)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓ 1933

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 None

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature], M. D.  
 (Address) St. Genevieve Mo.

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.

