

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

Do not use this space.

29451

1. PLACE OF DEATH

49 County Hannibal
Township Wassoules
City Wassoules (No. 35113)

Registration District No. 347

Primary Registration District No. 30-1-B

File No. _____

Registered No. 49

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 409 E. Franklin Clinton, Mo. (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 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) May 7, 1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>✓</u>	<u>4</u>	<u>2</u>	<u>✓</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 103 B

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) Clinton, Mo.

13. NAME J. E. England

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo.

15. MAIDEN NAME Pearl Dickey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.

17. INFORMANT J. E. England Father

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Sa Cemetery DATE Sept 10, 1933

19. UNDERTAKER John Wilkinson

(ADDRESS) Clinton, Mo.

20. FILED 9/11 1933 E. C. Peeler Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended, deceased, from _____, 19____, to _____, 19____.

I last saw _____ alive on Dead Sept. 7, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Baby was found dead in bed at above house in best of health Sept. 8, 1933. Haemorrhage from rupture only indication of cause of death.

Other contributory causes of importance: None. The rupture haemorrhage only primary cause of the sudden death.

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) H. E. Greening, Coroner of M. S.

(Address) Hannibal, 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.

SEP 26 1933

