

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.

40310
5119

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

May 14, 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7

18

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

Baby

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

Houses City Mo

MOTHER FATHER

13. NAME

Frank Barber

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

Houses City Mo

15. MAIDEN NAME

Henri Wilson

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

Clinton Mo

17. INFORMANT (ADDRESS)

Henri Wilson
2014 5th apt 411

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Blue Ridge

DATE

12-24-33

19. UNDERTAKER (ADDRESS)

Julius A. Fischer
74 E. Mo.

20. FILED

12-30-33 1933 M. M. Crowl
asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1933, to 12-15, 1933

I last saw her alive on 12/15, 1933. Death is said to have occurred on the date stated above, at 8:15 P. M.

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

Malaria

Breach pneumonia

107 A

Other contributory causes of importance

158

107 A

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

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? Yes

If so, specify

(Signed)

W. H. Bruce M. D.

(Address)

New Central Bldg 15th & Locust

