

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

Do not use this space.

MAY 25 1934

**1. PLACE OF DEATH**

County Cedar Registration District No. 163  
 Township Edwards Primary Registration District No. 40931  
 City Edwards Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 12192  
 Registered No. 38

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1934, to April 27, 1934

I last saw her Apr 27, 1934, alive on \_\_\_\_\_, 1934. Death is said to have occurred on the date stated above, at 8:45 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1934

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
X X 2

Asphyxia Neonatorum Date of onset \_\_\_\_\_

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 \_\_\_\_\_

Other contributory causes of importance: W/D

12. BIRTHPLACE (CITY OR TOWN) Edwards Springs (STATE OR COUNTRY) Mo.

13. NAME Forrest Thompson

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? Clinical Was there an autopsy? no

15. MAIDEN NAME Alberta Smallwood

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Forrest Thompson (ADDRESS) Edwards Springs

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Martin Cem. DATE April 28 1934

Nature of injury \_\_\_\_\_

19. UNDERTAKER Jurvin Anders (ADDRESS) Edwards Springs

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

20. FILED 4/27 1934 J. W. Dawson Registrar.

If so, specify \_\_\_\_\_ (Signed) J. W. Dawson, M. D. (Address) Edwards Springs

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If fractional, state exact CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-1-30

