

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Campfire
City Union Star (No. _____) St. _____ Ward _____

Registration District No. 157
Primary Registration District No. 5-018

File No. 15620
Registered No. 12

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Union Star, 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 20 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Union Star, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Carnes Courtney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union Star, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Laura Bapko

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union Star, Mo.
(STATE OR COUNTRY)

14. INFORMANT (Address) Carnes Courtney, Union Star, Mo.

15. FILED June 2, 1934 E.C. Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1934

17. I HEREBY CERTIFY That I attended deceased from May 20, 1934 to May 21, 1934 that I last saw him alive on May 20, 1934, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Blue Baby,
1575
1575 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 1575 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) E.M. Reynolds M.D.

5/21, 1934 (Address) Union Star, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL (CREMATION, OR REMOVAL) DATE OF BURIAL

Union Star Cemetery May 21 1934
20. UNDERTAKER ADDRESS H. D. Wilson King City

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

JUN 20 1934

