

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

Do not use this space.

**JUL 18 1935**

18983

**1. PLACE OF DEATH**

County C Buchanan  
Township \_\_\_\_\_  
City St Joseph (No. \_\_\_\_\_) Mersey Hosp

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 608  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Message Hospital Ward. Cassidon 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) June 5 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or 30 min.

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo.

13. NAME E W McCard

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

15. MAIDEN NAME Laverla Daniels

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

17. INFORMANT (ADDRESS) E W McCard

18. BURIAL, CREMATION, OR REMOVAL PLACE Dezar Cem DATE June 7<sup>th</sup> 1935

19. UNDERTAKER (ADDRESS) Moore Funeral Home

20. FILED 6-6-35 John R Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/5/35 19... to 6/5/35 19...

I last saw h. or alive on 6/5/35 19... Death is said

to have occurred on the date stated above, at 4:30pm.

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

Birth trauma due to forceps  
1606  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: Inability to pass thru true pelvis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ no

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? acc Date of injury 6/5/35

Where did injury occur? Hospital (Birth trauma)

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Forceps on head

Nature of injury Cranium injured

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

If so, specify \_\_\_\_\_

(Signed) T O Pierce M. D.

(Address) 804 1/2 Francis

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.

WHITE PERMET, WITH OUTRACING INSTRUMENTS IS A PERMANENT RECORD

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JUN 5

1950 JUN 5 10 00 AM  
RECEIVED  
U.S. DEPARTMENT OF THE INTERIOR  
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