

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.

JUL 22 1935

Dr. *Some*
19481

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

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
occupation12. BIRTHPLACE (CITY OR TOWN
(STATE OR COUNTRY))

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN
(STATE OR COUNTRY))17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

19. UNDERTAKER
(ADDRESS)

20. FILED

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from

June 21, 1935, to June 25, 1935, 19

I last saw her alive on June 25, 1935 Death is said

to have occurred on the date stated above, at 9:45 P.

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

Date of onset

Fractured right clavicle
Injury to right side of
scalp
Badly lacerated tongue
Cerebral hemorrhage

Other contributory causes of importance

Congestion of lungs

Name of operation

Date of

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? Accident Date of injury 6/21, 1935

Where did injury occur? Springfield, Mo., Greene

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

Manner of injury Collision of car with bus

Nature of injury Stated above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) Springfield, Missouri

M. D.

Registrar

