

OCT 1 1936

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

Do not use this space.

21823-a

1. PLACE OF DEATH

County

Township

City

Webster
Nianqua
Nianqua

Registration District No.

Primary Registration District No.

900
6207

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.

3

ds.

22

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

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

Single

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

Child

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

Feb 2 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

3

22

X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

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)

Webster

MOTHER

13. NAME

Hershel Dodson

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

Webster

15. MAIDEN NAME

Thelma Clair

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

Webster

17. INFORMANT

Hershel Dodson

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

BLACKOAK

DATE

MAY 26 1936

19. UNDERTAKER

(ADDRESS)

Rex Trainer

20. FILED

1936
Miss St. J. Schlicht
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

MAY 25 1936

22. I HEREBY CERTIFY, That I attended deceased from

May 20, 19, to May 20, 19.

I last saw him alive on..... Death is said

to have occurred on the date stated above, at.....m.

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

Pneumonia
Lobar

Date of onset

Other contributory causes of importance:

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?

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?

If so, specify

(Signed)

W. F. Schlicht, M. D.

(Address)

Wesley

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.

