

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

Do not use this space.

OCT 15 1936

34505

1. PLACE OF DEATH

County Johnson
Township Franklin
City W.C. Dow (No. 1744 Crystal)

Registration District No. 399
Primary Registration District No. 1002

File No. 10010
Registered No. 34505
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1744 Crystal 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - <u>Sept 8 - 1934</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
		IF LESS than 1 day, <u>1/2</u> hrs. or <u>12</u> 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.	<u>Child</u>
	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) Mo

MOTHER FATHER
13. NAME Ephron Trotter

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

15. MAIDEN NAME Elie Meyers

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

17. INFORMANT (ADDRESS) Ephron Trotter

18. BURIAL, CREMATION OR REMOVAL PLACE W.C. Dow DATE Sept 9 1936

19. UNDERTAKER (ADDRESS) W.C. Dow

20. FILED Sept 16 1936 M.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 7:40 am Sept 9 1936 to 7:45 am Sept 9 1936

I last saw him alive on Sept 9 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Prematurity - imm. gestation Date of onset _____
Thrombocytopenic purpura
Probable other unknown
stigmata

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 of injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Warren DeLoe M. D.

(Address) 3752 Bellefontaine Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V.S. NO. 2
100M-4-28-35

Reels Mo-5-16

