

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County MonklineRegistration District No. 292Township CampbellPrimary Registration District No. 4166City Campbell No. _____File No. 5724Registered No. 8

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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

Male

4. COLOR OR RACE

W5. 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)

Jan 21 - 37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.——14

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
occupation 512. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo

13. NAME

Charley George14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo

15. MAIDEN NAME

Irene Lewis16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ark17. INFORMANT
(ADDRESS)Mother
Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Julia Mo. DATE 7/4 1937

19. UNDERTAKER

(ADDRESS)

none

20. FILED

27 1937 E. E. Landen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4 1937

I HEREBY CERTIFY, that I attended deceased from

Feb Jan 4 1937 to Feb. 4 1937I last saw him alive on Feb. 4 1937 Death is saidto have occurred on the date stated above, at 8 a. m.

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

Tetanus Neonatorum

Date of onset

Feb. 1

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? no 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 _____ 1937Where 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? no

If so, specify _____

(Signed)

M. L. Cone

, M. D.

(Address)

Campbell, Mo.

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.

