

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Johnson
City (No. _____)Registration District No. 546
Primary Registration District No. 573File No. 7196
Registered No. _____
St. _____ Ward _____

2. FULL NAME

unnamed Southard
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Southard6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 377. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min. still born

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) Wichita Mo13. NAME Fred Southard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo15. MAIDEN NAME Erma Clark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo17. INFORMANT Fred Southard
(ADDRESS) Wichita Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Mason, Mo DATE 1 - 29 193719. UNDERTAKER W. Ricklyer
(ADDRESS) St James Mo20. FILED Jan 30 1937 Sam A. Warner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 28 193722. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Jan 28, 1937.
I last saw him alive on _____, 19____. Death is saidto have occurred on the date stated above, at 1200 hrs.
The principal cause of death and related causes of importance were as follows:Still Born at 8 month Date of onset _____

Other contributory causes of importance:

Mother had Pneumonia at this time

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? no

If so, specify _____

(Signed) Walter H. Brewer, M. D.(Address) St James, Mo

I. 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.

