

JUN 18 1937

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

Do not use this space.

19038

1. PLACE OF DEATH

County Dunklin  
Township  
City Malden (No. ....)

Registration District No. 284  
Primary Registration District No. 4173

File No. ....  
Registered No. 29 (Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4-1936

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:45 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 26

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

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 ✓

Anterior poliomyelitis May 14  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden mo.

Other contributory causes of importance: 16

13. NAME Riley Van Trease

Name of operation none Date of .....

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

What test confirmed diagnosis? ..... Was there an autopsy? no

15. MAIDEN NAME Ina Blylock

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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

Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Riley Van Trease Malden mo.

Manner of injury 3  
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden mo DATE May 31, 1937

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

19. UNDERTAKER (ADDRESS) St. L. Craig Malden mo.

If so, specify George J. Estlinoy R.D.  
(Signed) George J. Estlinoy R.D., M. D.

20. FILED 5-31, 1937 S. O. Mitchell Registrar.

(Address) Carroll of Dunklin Co  
Stewart mo

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

