

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 14 1937

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

Do not use this space.

40622

1. PLACE OF DEATH

County Bollinger Registration District No. 67
Township Liberty Primary Registration District No. 5104
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

William Lee Poston
(a) Residence, No. near Capeir rd 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. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1937

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

22. I HEREBY CERTIFY that I attended deceased from Oct 20 1937 to Oct 26 1937
I last saw him alive on Oct 26 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 - 1937

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.

Date of onset

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

Mearles Complicated with Bronchial Pneumonia in both Lungs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant.

Other contributory causes of importance:
No other cause

10. Date deceased last worked at this occupation (month and year) Infant. 11. Total time (years) spent in the occupation Infant.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Gaslin Mo

Name of operation No Operation Date of _____

13. NAME John Heyward Poston

What test confirmed diagnosis? Phy Exam Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____ 19 _____

15. MAIDEN NAME Jena Christlund Berger

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT John Poston

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE Barbs Chapel DATE Oct 27 1937

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Mrs Louise Anger

If so, specify _____

(ADDRESS) res not in city

(Signed) J. M. Gensley M. D.

20. FILED Oct 26 1937 Mrs S. P. Sanders Registrar.

(Address) Gaslin Mo

