

DEC 23 1937

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

Do not use this space.

42037

1. PLACE OF DEATH

County Madison Registration District No. 625 File No. _____
Township Rock Primary Registration District No. 303.1 Registered No. 128
City Maryville Mo (No. _____) St. Francis Hospital St. _____ Ward _____

2. FULL NAME No 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 _____ 4. COLOR OR RACE W. 5. 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) _____

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

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) _____

13. NAME Ralph S. Masters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Missouri

15. MAIDEN NAME Ruby Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Missouri

17. INFORMANT (ADDRESS) Ralph S. Masters Maryville Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Nov 28 1937

19. UNDERTAKER (ADDRESS) Campbell Funeral Home 951 South Main Maryville Mo.

20. FILED 12-20, 1937 Marie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1937 to 11-28, 1937

I last saw h. _____ alive on 5 Stillborn, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Prematurity (6 months)

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Loren E. Egley, M. D.
(Address) Maryville, 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.

