

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

Do not use this space.

1. PLACE OF DEATH

55 County Lawrence
Township Aurora
City Aurora, Mo. (No. _____)

Registration District No. 267
Primary Registration District No. 8628

File No. 3266
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Aurora, Rt #1 St. Ward. 500
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. 14 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	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) <u>Oct. 25, 1937</u>		
7. AGE	YEARS	MONTHS
		<u>2</u>
		<u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Infant</u>
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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aurora, Mo.</u>		
MOTHER	13. NAME <u>Paul M. Senny</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aurora, Mo.</u>	
	15. MAIDEN NAME <u>Lorene M. Crawlee</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marsdenville, Mo.</u>	
	17. INFORMANT <u>Paul M. Senny</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park</u> DATE <u>Jan 19, 1938</u>		
19. UNDERTAKER <u>Aurora, Funeral Home</u> (ADDRESS)		
20. FILED <u>1-9, 1938</u> <u>R.H. Cowan, M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1938

22. I HEREBY CERTIFY That I attended deceased from Oct. 25, 1937, to Jan 9, 1938
I last saw him live on Jan 4, 1938 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Status Lymphaticus of
thorax
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Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) J. M. Smith, M. D.
(Address) 121 W. Pleasant Aurora Mo.
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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.

THIS IS A PERMANENT RECORD

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH