

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

Do not use this space.

**1. PLACE OF DEATH**

1 County Shelby Registration District No. 677  
 2 Township Rolla Primary Registration District No. 4403  
 3 City Rolla (No. Rolla Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3751

Registered No. 10

**2. FULL NAME**

(a) Residence, No. Bunker 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26, 1923</u>		
7. AGE YEARS <u>14</u>	MONTHS <u>6</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bunker Mo</u>		
MOTHER	13. NAME <u>Orville Strange</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bunker Mo</u>	
	15. MAIDEN NAME <u>Suey Lawson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flat River Mo</u>	
17. INFORMANT (ADDRESS) <u>Orville Strange Bunker Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bunker Mo</u> DATE <u>Jan. 15 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Rolla Mo</u>		
20. FILED <u>Jan. 15 1938</u> <u>Geo. F. Cyles</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 10 1938 to Jan 14 1938  
 I last saw him alive on Jan 14 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Appendicitis  
Ruptured appendix  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance 12!  
General peritonitis  
 Name of operation Appendectomy 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. McFarland  
Rolla Mo  
 615 (Address)

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

RECEIVED

FEB 28 1938

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