

REC'D MAY 9 1938

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

Do not use this space.

13726

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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 Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-29-1936		
7. AGE	YEARS	MONTHS
	1	6
		DAYS
		11
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		0
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.		
13. NAME James Stewart		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.		
15. MAIDEN NAME Ruth Merrill		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.		
17. INFORMANT (ADDRESS) Record Clerk, General Hospital #2		
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln		
DATE 4-13-1938		
19. UNDERTAKER (ADDRESS) Crisp & Beards, 1119 E. 18th		
20. FILED Apr 22, 1938 M. M. Brown Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1938
22. I HEREBY CERTIFY, That I attended deceased from 3-1-38, to 4-4-38, 1938. I last saw him alive on 4-4-38. Death is said to have occurred on the date stated above, at 5:30 P.M. The principal cause of death and related causes of importance were as follows: Broncho-Pneumonia (Primary) Other contributory causes of importance: 1070
Name of operation Clinical
Date of operation No
What test confirmed diagnosis Clinical
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? If so, specify (Signed) J. A. Brown, M.D. (Address) General Hospital #2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual and automated techniques. The goal is to ensure that the information gathered is both reliable and comprehensive.

The third section provides a detailed breakdown of the results. It shows that there has been a significant increase in the number of transactions over the period studied. This growth is attributed to several factors, including improved marketing strategies and a more efficient distribution network.

Finally, the document concludes with a series of recommendations for future work. It suggests that further research should be conducted to explore the long-term effects of the current strategies. Additionally, it recommends that the data collection process be refined to include more granular details.