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.

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

Do not use this space.

DEC 5 1938

1. PLACE OF DEATH

County Wash 2 Registration District No. 887 File No. 40622

Township Liberty Primary Registration District No. 6181 Registered No.

City (No. , St. Ward)

2. FULL NAME Unnamed Charboneau

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
I	W	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1938

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

OCCUPATION

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) Potosi Rt 1

FATHER

13. NAME Alton Charboneau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francis Co

MOTHER

15. MAIDEN NAME Stella Lyons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi

17. INFORMANT (ADDRESS) Alton Charboneau

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE Oct 9 1938

19. UNDERTAKER (ADDRESS) None

20. FILED Nov 1 1938 G.F. Cresswell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Still born 19 , to , 19
I last saw h alive on , 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
Still born	

Other contributory causes of importance:

Name of operation 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) G.F. Cresswell , M. D.
8.08 (Address) Potosi Mo.