

DEC 15 1939

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

Do not use this space.

39510

1. PLACE OF DEATH

35 County DeWitt
Township Buffalo
City 516 (No. James Edward Refroe)

Registration District No. 282
Primary Registration District No. 5402

File No.
Registered No.
St. Ward)

2. FULL 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 1931

7. AGE YEARS 8 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

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) Wynessville Mo.

13. NAME Willis Refroe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath Mo.

15. MAIDEN NAME Wona Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halcob Mo.

17. INFORMANT (ADDRESS) Willis Refroe
Cardwell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Me Grew DATE Sept 17 1939

19. UNDERTAKER (ADDRESS) Conduell Burial Assoc
Can Juncos Mo.

20. FILED 11-15 1939 Thurson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1939

22. I HEREBY CERTIFY, That I attended deceased from April 20 1934 to Sept 14 1939
I last saw him alive on Sept 14 1939. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:
Actinism (Date of onset Birth)

Other contributory causes of importance:
34 congenital syphilis (Date of onset Birth)

Name of operation Date of
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? no
If so, specify

(Signed) Peyton French, M. D.
(Address) Cardwell

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.

RECEIVED

District No. 3 Officer No. 3,

District File Number: 1239-69

Date Filed: 22/4/39