

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

Do not use this space.

8493

1. PLACE OF DEATH

County Stoddard
Township Richland
City Richland

Registration District No. 839
Primary Registration District No. 6101

File No. _____
Registered No. 7-
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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u> <u>20, 1931.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 19-37</u>		
7. AGE	YEARS	MONTHS
	<u>1-</u>	<u>3</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>✓</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u> (c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/27 31
17. I HEREBY CERTIFY, That I attended deceased from 2 19 31 to 2 22 31, 1931, that I last saw h. alive on 2-22, 1931, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Influenza
IIA
IOA
18. WHERE WAS DISEASE CONTRACTED _____ (duration) _____ yrs. _____ mos. 4 ds.
CONTRIBUTORY (SECONDARY) Pneumonia (duration) _____ yrs. _____ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS _____ (Site) _____, M. D.
2/23 (Address) Essex
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex Mo!
10. NAME OF FATHER Robert Condeck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Essex Mo
12. MAIDEN NAME OF FATHER Blue Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Essex Mo

14. INFORMANT J.P. Brundage (Address) Essex Mo
15. FILED 2/23 31 J.P. Brundage REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Essex Bur DATE OF BURIAL 2/23 1931
20. UNDERTAKER none ADDRESS _____

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.

MAR 17 1931

