

NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Calver
City California (No. 1)

Registration District No. 571
Primary Registration District No. 4335

File No. 38275
Registered No. 47
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24-1936

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

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) California mo
(STATE OR COUNTRY)

13. NAME Frank Brown

14. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY)

15. MAIDEN NAME Bessie Warren

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

17. INFORMANT Frank Brown
(ADDRESS) m. 412 mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burke Cem DATE 10/26 1937

19. UNDERTAKER Hellinger & Friedmayer
(ADDRESS) California mo

20. FILED 10-26-1937 H.R. Popejay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-24-1937 to 10-25-1937

I last saw him alive on 10-25-1937 Death is said to have occurred on the date stated above, at 12.9 m.

The principal cause of death and related causes of importance were as follows:

Premature birth
8 mos

Cause unknown

Other contributory causes of importance:

Patulous Pylorus

Name of operation T. com 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? no

If so, specify _____

(Signed) H.R. Popejay M. D.

(Address) California mo

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.

