

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

Do not use this space.

531

**1. PLACE OF DEATH**

County Slay Registration District No. 198  
 Township Fish Grove Primary Registration District No. 577a  
 City St. Charles Springs 3011 (If nonresident, give city or town and State)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Wibbard Mo. St. \_\_\_\_\_ Ward Wibbard Mo.  
 (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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>_____</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22 1919</u>		
7. AGE	YEARS <u>15</u>	MONTHS <u>8</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Girl</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>	
	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) <u>Wibbard Mo.</u>		
FATHER	13. NAME <u>Willie Clevenger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wibbard Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lottie Correy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rayville Mo.</u>	
17. INFORMANT <u>Willie Clevenger</u> (ADDRESS) <u>Wibbard Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Ray Mo</u> DATE <u>Jan 16 1934</u>		
19. UNDERTAKER <u>Herbert Haper</u> (ADDRESS) <u>Excelsior Springs Mo</u>		
20. FILED <u>Jan 16 1934</u> Registrar <u>_____</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1934

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at Rayville Mo.

The principal cause of death and related causes of importance were as follows:  
Due to Carbonmonoxide Gas while sitting in a bed.  
accidents

Other contributory causes of importance: None

Date of onset \_\_\_\_\_

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? Rayville, Union Mo  
 (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) Catherine Wysocki  
 (Address) Rayville Mo

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.

193

24  
193

26

213

