

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

Do not use this space.

15654

REC'D MAY 17 1938

**1. PLACE OF DEATH**

County Ray

Township Cricket

City Cricket

Registration District No. 743

Primary Registration District No. 4495

File No. ....

Registered No. 6

St. .... Ward

**2. FULL NAME**

(a) Residence, No. ....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

St. ....

Ward. ....

(If nonresident, give city or town and State)

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)**

married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Millie Sharp

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Sept 24 1893

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

44

6

10

**OCCUPATION**

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

Farmer

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 Life

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Ray Co. Mo

**FATHER**

**13. NAME**

George Mills

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Kentucky

**MOTHER**

**15. MAIDEN NAME**

Marthy Challenge

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

Ray Co. Missouri

**17. INFORMANT (ADDRESS)**

Wife. - cricket mo

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Union Cent DATE April 6 1938

**19. UNDERTAKER (ADDRESS)**

Samuel & Turner cricket mo

**20. FILED**

5/1 1938 C. H. White

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Apr 4 1938

**22. I HEREBY CERTIFY, That I attended deceased from**

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 A. m.

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

Acute Alcoholism  
Found dead

Date of onset

1 week

Other contributory causes of importance:

7512-

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? yes

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) D. W. Garner, M. D.

(Address) Richmond, 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.

