

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

Do not use this space.

31909

**1. PLACE OF DEATH**

County Monroe  
Township Waltham  
City (No. 274)

Registration District No. 571  
Primary Registration District No. 5769

File No. \_\_\_\_\_  
Registered No. 43  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Unnamed Read

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>12</u> hrs. or <u>1</u> min.
			<u>1</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

1605

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Read

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT (Address) Fritz & Woodard Russellville Mo

15. FILED 9-9, 1931 Gas. R. Rock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1931

17. I HEREBY CERTIFY That I attended deceased from Sept 7, 1931 to Sept 8, 1931, that I last saw him alive on Sept 7, 1931, and that death occurred, on the date stated above, at 3:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Sudden death. Cause unknown. been apparently a natural one. no autopsy could be obtained. instrumental delivery but no evidence of hemorrhage.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Egar A. Kibbe, M. D.

9/9, 1931 (Address) California MD

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Flag Springs DATE OF BURIAL 9-9 1931

20. UNDERTAKER W. H. ... ADDRESS California

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.

OCT 24 1931

