

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

Do not use this space.

16167

**1. PLACE OF DEATH**

County Monteair  
Township Waller  
City Centerton (No. 5293)

Registration District No. 213  
Primary Registration District No. 3014

File No. 143  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

Length of residence in city or town where death occurred 30 yrs. 2 mos. 24 ds. 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) single  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS 30 MONTHS 2 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) 5-5-1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Monteair Mo  
(STATE OR COUNTRY) Centerton

13. NAME Clayton Dore

14. BIRTHPLACE (CITY OR TOWN) Cherokee Kansas  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Suddley

16. BIRTHPLACE (CITY OR TOWN) Monteair Mo  
(STATE OR COUNTRY)

17. INFORMANT ✓  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE California DATE May 12 1934

19. UNDERTAKER William M. Schmeider  
(ADDRESS) California Mo

20. FILED 5-12-1934 D. B. Russell  
Registrar.

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6<sup>th</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased

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

to have occurred on the date stated above, at 6 P.M.

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

Accidental drowning  
while in swimming  
Had walked to river and  
removed clothing to swim  
drowned soon after entering  
water

Other contributory causes of importance: Often had cramps  
while in swimming  
probably died in this case

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 5-6-1934

Where did injury occur? Marion Cole Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Puffer Place

Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) D. B. Russell, M. D.

(Address) Russellville 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.

JUN 20 1934

THE DISTRICT OF COLUMBIA  
OFFICE OF THE REGISTRARS  
1111 K STREET, N.W.  
WASHINGTON, D.C. 20004  
TELEPHONE: 224-2200  
FAX: 224-2201  
HOURS: 9:00 A.M. TO 5:00 P.M.  
MONDAY THROUGH FRIDAY  
EXCEPT HOLIDAYS  
REGISTRATION OF VOTERS  
IS REQUIRED FOR ALL  
CITIZENS 18 YEARS OF AGE  
AND OVER  
WHO ARE RESIDENTS OF THE  
DISTRICT OF COLUMBIA  
AND WHO HAVE NOT  
PREVIOUSLY REGISTERED  
VOTERS MAY REGISTER  
AT ANY OF THE  
REGISTRATION STATIONS  
OR BY MAIL  
FOR MORE INFORMATION  
CONTACT THE REGISTRARS  
AT 224-2200

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jefferson  
Township Call  
City Jefferson

Registration District No. 213  
Primary Registration District No. 5293

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Robert Edward Wove

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1904

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

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Clayton Wove  
Callington, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Dr. Hargard  
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 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 ..... m.

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

Date of onset

Other contributory causes of importance:

Name of operation 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? If so, specify

(Signed) , M. D.

(Address)

5-16167