FEB 20 1928

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

Do not use this space. 355

1. PLACE OF DEATH

County Caldwell, Registration District No. 95 File No. 31

Township Lincoln, Primary Registration District No. 4057 Registered No. 31

City Cowgill (No. ..... St. ..... Ward)

2. FULL NAME John N. Michael,

(a) Residence. No. ..... St., ... Ward. .....
(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.

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.

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: Lizzie Michael,

6. DATE OF BIRTH (month, day and year): March-23rd.-18466

7. AGE: Years 81, Months 10, Days 5, If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer): Retired,

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Illinois,

PARENTS

10. NAME OF FATHER: Daniel D. Michael,

11. BIRTHPLACE OF FATHER (city or town) (State or country): Ohio,

12. MAIDEN NAME OF MOTHER: Ann Petrie,

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ills.,

14. Informant: Mrs. Effie Wallace
(Address) Chillicothe, Mo.

15. Filed 1/29 1928 G. B. Cowley, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): Jan - 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan - 1st, 1924, to Jan - 28, 1928, that I last saw him alive on Jan 28, 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
97/4 A1
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio-Schlerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. C. Kilbourn, M.D.

Jan. 28, 1928 (Address) Cowgill, Mo.

*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: Cowgill Cemetery, ------ DATE OF BURIAL: Jan. 30th 1928

20. UNDERTAKER: E. P. Michael - ADDRESS: Bearman Mo.