

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

Do not use this space.

26607

1. PLACE OF DEATH

County Callaway Registration District No. 102
 Township Jackson Primary Registration District No. 5100
 City X (No. 102) St. _____ Ward _____

File No. _____
 Registered No. 227

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 | - | - | -

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Marysville
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Geo. Ahu

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edward Ahu
 (Address) Lovilia, Iowa

15. Aug 14 28 H. G. Adams
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw _____ alive on _____, 19____, and that death occurred, on the date stated above, at about 12:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burned to death in his residence (accident)

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? X DATE OF _____

WAS THERE AN AUTOPSY? viewed the body no inquest

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) W. Christian M. D.
 _____, 19____ (Address) Springer Callaway Co. Fulton 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 Marysville Cemetery Iowa DATE OF BURIAL _____ 19____

20. UNDERTAKER Hughes Mearns ADDRESS Aux Vade, 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.

