

MAY 2

1929

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

Do not use this space.

13569

1. PLACE OF DEATH

County Jeff

Registration District No. 18

File No. _____

Township Union

Primary Registration District No. 6189

Registered No. _____

Foster (No. _____)

St. _____ Ward _____

2. FULL NAME

Major Lewis Micham

(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 4 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 widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
87 | 11 | 8

8. OCCUPATION OF DECEASED farmer
(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 _____

9. BIRTHPLACE (CITY OR TOWN) Marion County
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Jno W Micham

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT F. A. Micham
(Address) Mountain Grove Mo

15. FILED 4-3 1929 C. C. Foxman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-27 1929, to 3-7 1929 that I last saw him alive on 2-27 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio Renal Disease
several years
duration yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Ulcers
(duration) yrs. _____ mos. 10 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Edmund J. Wheeler M.D.
2/8 1929 (Address) 12th & Locust Sts

*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 Graves in the Co DATE OF BURIAL Mar 8 1929

20. UNDERTAKER W L Botten Mountain Grove ADDRESS _____

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.

DEPARTMENT RECORD

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