

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

Do not use this space.

7235

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Christian Hill** St. **Ward**)

File No. ....  
 Registered No. **2111**

**2. FULL NAME**

(a) Residence. No. .... St. **9** Ward. **Popular Bluff Mo.**  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. **3** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 24-1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**55 0 3**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Secretary**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Chamber of Commerce**  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Ferra Haute Ind.**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Joseph Case**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ferra Haute Ind.**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Liza M<sup>rs</sup> Adams**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ferra Haute Ind.**  
 (STATE OR COUNTRY)

14. INFORMANT **Thelma Case**  
 (Address) **Popular Bluff Mo.**

15. FILED **19** **1930** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 27 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 19<sup>th</sup>** 19**30** to **Feb 27** 19**30** that I last saw him alive on **2-27-1930** and that death occurred, on the date stated above, at **4<sup>40</sup>** m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Substituted Nephritis Chronic Arterial Hypertension**

18. WHERE WAS DISEASE CONTRACTED **137<sup>th</sup> St. W. 13<sup>th</sup> St. W.** (duration) yrs. **1** mos. **10** ds.

CONTRIBUTORY (SECONDARY) **Wremia** (duration) yrs. .... mos. **10** ds.

18. WHERE WAS DISEASE CONTRACTED **Popular Bluff Mo**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **no**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical**  
**Schwannellies** (Signed) ....., M. D.

\*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 **Popular Bluff** DATE OF BURIAL **3-2 1930**

20. UNDERTAKER **Phelps Und., Popular Bluff Mo.** ADDRESS **Popular Bluff Mo.**

K. 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.

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