

OCT 28 1937

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

Do not use this space.

29674

1. PLACE OF DEATH

County Franklin Registration District No. 318  
Township Woods Primary Registration District No. 5499  
City Appleton (No. 1) Franklin Co (Ward)

File No. \_\_\_\_\_  
Registered No. 716  
J. Wilson (Ward)

2. FULL NAME

(a) Residence. No. 1 Franklin Mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-22 1937

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Sept 22, 1937  
that I last saw him... alive on 21, 1937 and that death occurred, on the date stated above, at 2 P.M. o.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min. about 30

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
P2A

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

CONTRIBUTORY (SECONDARY) unknown  
(duration) 1 yrs. 1 mos. 4 da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH... don't know

10. NAME OF FATHER unknown

19. DID AN OPERATION PRECEDE DEATH... no DATE OF 1

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

WHAT TEST CONFIRMED DIAGNOSIS. (Signed) J. H. [unclear], M. D.  
9-23, 1937 (Address) 737 E. [unclear]

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Wanda Robson (Address) Franklin Co. [unclear]

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Franklin Co. [unclear] DATE OF BURIAL 9-23 1937

15. FILED 9-23, 1937 Fun Sharp REGISTRAR

20. UNDERTAKER W. [unclear] ADDRESS Appleton

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.

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