

NOV 28 1930

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

Do not use this space.

33907

1. PLACE OF DEATH

County.....

Registration District No. 757

Township.....

Primary Registration District No. 3036City St. Charles(No. 692 N. Kings Highway)File No. 133Registered No. 178

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Cauc5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Dec. 10th, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.561020

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLaborer 178A(b) General nature of industry,
business, or establishment in
which employed (or employer)Mechanic

(c) Name of employer

Macon

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

"

12. MAIDEN NAME OF MOTHER

"

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

"

14.

INFORMANT

(Address)

John Oscar Austin
St. Charles, Mo.

15.

FILED

11/31/30 W. G. Bloebaum

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 30 1930

17.

I HEREBY CERTIFY, That I attended deceased from

19.

19.

that I last saw him alive on Oct 20, 1930, and that
death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental, due to
commercial gas poisoning
while repairing furnace
in his yard 160 N. X. Highway
St. Charles, Mo.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Pebedung Crown

M. D.

10-31, 1930 (Address) St. Charles, 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

DATE OF BURIAL

Oak Grove, St. Charles11-7 1930

20. UNDERTAKER

ADDRESS

John J. Finnerly4107 Finney

