

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

38506

PLACE OF DEATH

County Benton
Township White
City Lincoln

Registration District No. 60
Primary Registration District No. 4035

File No. _____
Registered No. 303
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8th 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 9 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) Prussia

10. NAME OF FATHER Snider

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY) Germany

14. INFORMANT Ida M. Craig
(Address) Lincoln Mo.

15. FILED Jan 5th 1931 E. L. Rhodes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1930, to Dec 28 1930, that I last saw him alive on Dec 28 1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

116 Influenza
1162

(duration) 0 yrs. 0 mos. 16 ds.
CONTRIBUTORY Exhaustion
(SECONDARY) (duration) 3 yrs. 0 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? 116
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical Examination
(Signed) S. O. Stratton, M. D.

, 19 (Address) Lincoln 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

Lincoln Cem. Dec 30 1930

20. UNDERTAKER ADDRESS

J. B. Calvert Lincoln Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

