

MAR 28 1937

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

Do not use this space.

6610

1. PLACE OF DEATH

County Phelps Co.
Township St. James
City (No.)

Registration District No. 678
Primary Registration District No. 5914

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Calvin Row St. Ward.
(Usual place of abode) Soldier Home St.
Length of residence in city or town where death occurred 9 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Husband Jane S. Row

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 71A

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

15. MAIDEN NAME " " " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

17. INFORMANT (ADDRESS) H. Schuman
St. James Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Soldier Home DATE 2-14-193719. UNDERTAKER (ADDRESS) Jonas and Fred Byrk
St. James Mo.20. FILED Feb 16 - 1937 Henry P. Waters
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 to Feb-13-1937
I last saw him alive on February 13-1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pericious Anemia 2 yrs
Chronic Intestinal Nephritis

Other contributory causes of importance:

Name of operating surgeon H. Schuman Date of operation 1-13-37
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William S. Brewer, M. D.(Address) St. James Mo.

N. B.—Every item of information should be carefully classified. 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.

