

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

Do not use this space.

1. PLACE OF DEATH

County St Charles
Township St Charles
City St Charles (No. _____)

Registration District No. 757
Primary Registration District No. 3036

File No. 22513
Registered No. 87
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1603 N 2 St. 4 Ward. Vegas Heights Co 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun 2 1931

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

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1931, to June 2, 1931.

I last saw him alive on May 29, 1931. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

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

Acute Pneumonia Date of onset _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 78 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year) 4 11. Total time (years) spent in this occupation 2

Other contributory causes of importance: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Hunter

18. BURIAL, CREMATION, OR REMOVAL PLACE For the Cemetery DATE June 4 1931

19. UNDERTAKER (ADDRESS) Barreman Bros

20. FILED 6/7 19 31 By G. Blochman Registrar.

Name of operation no Date of _____
What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1931

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? _____
If so, specify _____

(Signed) C. D. Steele M. D.
(Address) McChesney Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

JUN 29 1931 JUN 29 1931

