

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

Do not use this space.

25-649-A

1. PLACE OF DEATH

County Meru
Township Marion
City Meru

Registration District No. 553
Primary Registration District No. 5746

File No. _____
Registered No. 7
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. (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 Susan P. Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
78 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Virginia

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Floyd E. Perry

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE May 10 19 31

19. UNDERTAKER (ADDRESS) Black & White

20. FILED July 11 19 31 Mary C. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 19 31

22. I HEREBY CERTIFY That I attended deceased from Mar 15 19 31 to July 8 19 31

I last saw him alive on July 9 19 31. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Organic heart disease
myocardial infarction
9/1/31
75A

Other contributory causes of importance:
Cerebral hemorrhage
Chronic interstitial
nephritis

Name of operation none Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury _____ 19 _____

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 L
Nature of injury L

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

If so, specify _____
(Signed) J. L. Lavel M. D.
(Address) Princeton Mo.

