

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

Do not use this space.

28683

**1. PLACE OF DEATH**

County Bolede  
Township Lebanon  
City Lebanon

Registration District No. 447  
Primary Registration District No. 4267

File No. \_\_\_\_\_  
Registered No. 1673  
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 5 16

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

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) Little Rock Ark.

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Henry Matthews Lebanon Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Our Rede DATE 8-26 31

19. UNDERTAKER (ADDRESS) Pohner Lebanon

20. FILED Aug 26 1931 J.W. Bellery Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1931 to Aug 25 1931

I last saw him alive on Aug 25 1931 Death is said to have occurred on the date stated above, at 230 m.

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

Gastro enteritis  
myocarditis  
1870 191

Date of onset Aug 12

Other contributory causes of importance: Progressive heart

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ 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 none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify (Signed) B. Thompson, M. D.

(Address) Lebanon Mo

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.

SEP 26 1931

