

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

Charles W
35290

1. PLACE OF DEATH

County *Pettis*Registration District No. *668*

Township

Primary Registration District No. *3032*

City

(No. *Bethwell Hospital*)

File No.

Registered No. *278*

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

(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

3. SEX

M

4. COLOR OR RACE

*W*5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

May 10 - 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*77**4**27*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Ohio*

13. NAME

unk

FATHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*unk*

MOTHER

15. MAIDEN NAME

*unk*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*unk*17. INFORMANT
(ADDRESS)*Mrs Louis Junker*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

M. S. Church

DATE

*Oct 6 1931*19. UNDERTAKER
(ADDRESS)*Eller's*

20. FILED

10-5 1931

Registrar.

2

MEDICAL CERTIFICATE OF DEATH

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

*Oct. 3 1931*22. I HEREBY CERTIFY, That I attended deceased from
March, 19*27*, to *Oct 3*, 19*31*I last saw him alive on *Oct 3*, 19*31*. Death is saidto have occurred on the date stated above, at *9:05* a.m.

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

Date of onset

*Chronic myocarditis**131**93C*

Other contributory causes of importance:

Chl Nephritis Interstitial

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical findings

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *No* Date of injuryWhere did injury occur? *None* (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)

Jno. B. Carlisle, M. D.

(Address)

*314 D. Ohio Street**Adelphia Mo*

