

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

Do not use this space.

38479

1. PLACE OF DEATH

County Oregon Registration District No. 631
 Township Big Apple Primary Registration District No. 5839
 City Big Apple (No.) St. Ward)

File No.
 Registered No. 12

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 <u>M</u> | 4. COLOR OR RACE <u>Wh</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dolly Eidson</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1844 - Jan - 6</u> | | |
| 7. AGE YEARS <u>87</u> | MONTHS <u>9</u> | DAYS <u>30</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | | |
| 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) <u>Conshohocken Philadelphia Penn</u> | | |
| FATHER | 13. NAME <u>Joseph Joule</u> | |
| FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sturton England</u> | |
| MOTHER | 15. MAIDEN NAME <u>Esther Parkerson</u> | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Pauline Pugh Bushong MD</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shiloh</u> DATE <u>11-6-51</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Lio-Cam</u> | | |
| 20. FILED <u>12-10</u> 19 <u>51</u> <u>Abba B. Amerson</u> (Address) <u>Shiloh MD</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5, 1951

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1951, to Nov 17, 1951
 I last saw him alive on Nov 17, 1951. Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
82
J. W. W.
 Other contributory causes of importance:

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 Stroke
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify Frank Gullic, M. D.
 (Signed) Frank Gullic, M. D.
Abba B. Amerson (Address) Shiloh MD
 Registrar

a. B. Amerson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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