

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

Do not use this space.

787

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township Campbell Primary Registration District No. 2001  
 5 Precinct Quincy field mo (No. 427 E Pine)  
 2. FULL NAME Carl Takins  
 (a) Residence, No. 427 E Pine St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 76  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1957  
 7. AGE YEARS 75 MONTHS - DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker  
 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) Meriden 10

13. NAME Paul Knover 8

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

15. MAIDEN NAME Paul Knover

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

17. INFORMANT Fred L. Lovin  
 (ADDRESS) 427 E Pine

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Memorial DATE Jan 29, 1932

19. UNDERTAKER Floyd W. [unclear]  
 (ADDRESS) 27 W. [unclear]

20. FILED 1-29 1932 John D. [unclear]  
 (Registrar)

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 11, 1932 to Jan 27, 1932  
 Last saw him alive on Jan 26, 1932 Death is said to have occurred on the date stated above, at 5:15 m.  
 The principal cause of death and related causes of importance were as follows:

carcinoma of gall bladder  
466  
466  
 Other contributory causes of importance: Senility  
466

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

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 (Address) West [unclear] [unclear]

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.

FEB 24 1932

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