

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.

APR 26 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4295

1. PLACE OF DEATH

38 County Gentry
 Township Cooper
 City Douglas (No. _____)

Registration District No. 310Primary Registration District No. 54292

File No. _____

Registered No. 87

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

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

Elmer Clifford

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

March 27-1884

7. AGE

YEARS

77

MONTHS

11

DAYS

2

If LESS than 1 day, _____ hrs. _____ min.

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

Baptist Preacher

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)

New York 2

13. NAME

John B. Sill

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

New York

15. MAIDEN NAME

Not Known

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

Not Known 31

17. INFORMANT

Stimney Sill

18. BURIAL, CREMATION, OR REMOVAL

House Empty DATE March 3, 1934

19. UNDERTAKER

A. T. BaseAlbany Mo.20. FILED 4/3, 1932 Matthe David Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from

1-10-29, 1932, to 2-29, 1932I last saw him alive on 2-20, 1932 Death is said

to have occurred on the date stated above, at _____ m.

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

Myocarditis9310

Other contributory causes of importance:

(1)

Name of operation _____ Date of _____

What test confirmed diagnosis? clin Was there an autopsy? no

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) Frank N. Rose, M. D.(Address) Albany Mo.

