

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.

4448

1. PLACE OF DEATH

42 County HenryRegistration District No. 352

6 Township

Primary Registration District No. 4209

3 City

Montrose

(No. _____)

File No. _____

Registered No. 3

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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFWidowed

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

Nov 11 1849

7. AGE

YEARS

84

MONTHS

2

DAYS

26If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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)Illinois2

13. NAME

— Leraim14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Henry

15. MAIDEN NAME

Mary Swaggert16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois17. INFORMANT
(ADDRESS)Miss Stella Leraim

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Rocky Hill

DATE

Feb. 22

1932

19. UNDERTAKER
(ADDRESS)LennartMontrose Mo20. FILED Feb. 22, 1932J. M. Miller

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 193222. I HEREBY CERTIFY That I attended deceased from
Feb. 3, 1932, to Feb. 20, 1932.I last saw him alive on Feb. 20, 1932. Death is saidto have occurred on the date stated above, at 7:30 P.

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

Influenza

Other contributory causes of importance:

Date of onset

Name of operation

Date of _____

What test confirmed diagnosis? Clinical 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? no

If so, specify _____

(Signed) J. M. Miller(Address) Montrose Mo

, M. D.

MAR 22 1932

