

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

Do not use this space.

17214

1. PLACE OF DEATH

County Charles
Township Dudenne
City Dallou (No.) (St. Ward)

Registration District No. 57460
Primary Registration District No. 6001

File No. 1
Registered No. 27

2. FULL NAME

(a) Residence. No. 07allan St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mrs. Kate Maher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 - 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day. hrs. or min.
40 11 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Barber 276
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tray Mo

10. NAME OF FATHER James T. Maher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

12. MAIDEN NAME OF MOTHER Weeks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Auburn Mo

14. INFORMANT Mrs. Kate Maher (Address) Dallou Ma

15. FILED 5/10 19 32 W Caldwell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1937

17. I HEREBY CERTIFY, That I attended deceased from May 2 1937 to May 4 1937 that I last saw him alive on May 4 1937, and that death occurred, on the date stated above, at 9:45 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Lobar Pneumonia
108
(duration) 2 yrs. 2 mos. 2 ds.
CONTRIBUTORY (SECONDARY) 108
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. ①

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physiologic
(Signed) L. R. Rosemeyer M. D.
(Address) Dr. Fallon Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dallou Mo. DATE OF BURIAL 5/7 19 37

20. UNDERTAKER E. Keithly ADDRESS Dallou Mo

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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