

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

Do not use this space.

21835

1. PLACE OF DEATH

2 County Andrew Registration District No. 13
5 Township Savannah Primary Registration District No. 4070
2 City Savannah (No. 107) St. Nickles Sanatorium St. _____ Ward) _____

File No. _____
Registered No. 36

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Donnellson Iowa
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 14 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Theroff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1852</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>4</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Marchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hardware</u>	
	10. Date deceased last worked at this occupation, (month and year) <u>January 1975</u>	
	11. Total time (years) spent in this occupation <u>35</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston, Iowa</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Unknown</u>	
17. INFORMANT (ADDRESS) <u>Miss Lillian Theroff, Donnellson, Iowa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Donnellson Ia.</u> DATE <u>July 10, 1952</u>		
19. UNDERTAKER (ADDRESS) <u>Frank A. Bauman, Savannah, Mo.</u>		
20. FILED <u>July 9, 1952</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-1952

22. I HEREBY CERTIFY, That I attended deceased from 6-24-1952 to 7-8-1952
I last saw him alive on 7-8-1952 Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:
bedded Hemorrhage
4:55
82A 4515 (D)
Other contributory causes of importance:
Carcinoma lower front
quins (6 mo.)

Name of operation _____ Date of _____
What test confirmed diagnosis? Physian 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? no
If so, specify _____
(Signed) Walter A. Stearns, M. D.
(Address) Savannah, Mo.

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.

AUG 22 1952

Registrar.

