

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 23 1932

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

Do not use this space.

22404

1. PLACE OF DEATH

2. County *Jeff.*
Township *Booth*
City *Grand Haven* (No. *1*)

Registration District No. *5364*
Primary Registration District No. *262*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1111* *St. Louis* Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred *10 yrs.* How long in U. S., if of foreign birth? yrs. mos. ds.

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 19-1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *244*

10. Date deceased last worked at this occupation (month and year) *1932* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jeff. Co. - 1*

13. NAME *Magdalena Criser*

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

15. MAIDEN NAME *Barber*

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

17. INFORMANT (ADDRESS) *R. H. Targant*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Burial* DATE *July 11 1932*

19. UNDERTAKER (ADDRESS) *R. H. Targant*

20. FILED *11/10/32* Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 9 1932*

22. I HEREBY CERTIFY that I attended deceased from *10:00* to *11:00* 19 *32*
I last saw deceased *July 9 1932* Death is said to have occurred on the date stated above, at *10:00* m.

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

wounds
165 165

Other contributory causes of importance: _____

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 *suicide* Date of injury *July 9 1932*

Where did injury occur? *Grand Haven* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Hanged off small pop.*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *James T. Hickey* M. D.

(Address) *W. H. H. H.*

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