

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

Do not use this space.

23898

1. PLACE OF DEATH

94 County St. Francois Registration District No. 779
Township Pandora Primary Registration District No. 6024R
City DuBois (No.) St. Ward

2. FULL NAME

Edgar Sim Christopher
(a) Residence, No. DuBois mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. 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) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) DuBois 1

13. NAME J. P. Christopher

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

15. MAIDEN NAME Etta Miller

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

17. INFIRMANT (ADDRESS) J. A. Christopher DuBois mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell Cem DATE 7-15-1932

19. UNDERTAKER (ADDRESS) none

20. FILED July 15 1932 R. B. Hester Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/14, 1932
22. I HEREBY CERTIFY, That I attended deceased from 7/12, 1932, to 7/14, 1932
I last saw him alive on 7/12, 1932. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
was probable cause.
160B
160B
Other contributory causes of importance: Obiterical injury (Date of onset 7/11/32)

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? 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) M. M. Tuller, M. D.
(Address) DuBois 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.

AUG 27 1932

