

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.

NOV 25 1902

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

Do not use this space.

32878

1. PLACE OF DEATH
 62 County Madison Registration District No. 538
 Township Liberty Primary Registration District No. 5722
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME Wm. H. Council
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 21 82
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .7 hrs. or .7 min. 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
 9. 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 occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Produce R 11

FATHER
 13. NAME A. A. Council
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison

MOTHER
 15. MAIDEN NAME Rose Eppeler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison

17. INFORMANT (ADDRESS) Dr. Wm. H. Council

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. H. Council DATE 10 21 02

19. UNDERTAKER (ADDRESS) Wm. H. Council

20. FILED 10 30 19 02 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 21 1902
 22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____.
 I last saw _____ alive on _____, 19____. Death in said _____ to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows: _____ Date of onset _____

Premature birth
7 months
159
 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? _____ 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? _____
 If so, specify _____ (Signed) W. H. Council M. D.
 (Address) Produce R 11

