

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.

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

Do not use this space.

35271

**1. PLACE OF DEATH**

County Franklin  
Township Lewis  
City..... (No.....)

Registration District No. 282  
Primary Registration District No. 5401

File No.....  
Registered No. 48  
St..... Ward.....

**2. FULL NAME**

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1868  
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 64

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner  
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) Linsburg 10

MOTHER FATHER  
13. NAME Dad Knaw  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linsburg  
15. MAIDEN NAME Dad Knaw  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linsburg

17. INFORMANT (ADDRESS) John Hirtz

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Michael's DATE 11/19 1932

19. UNDERTAKER (ADDRESS) Edwards Campbell

20. FILED Nov 16 1932 Benjamin D. Foster Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6 P m.

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

Influenza  
93D 93D  
Other contributory causes of importance:  
(5)

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) J. P. Rigley M. D.  
(Address) Kennett Mo.

