

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

Do not use this space.

36063

1. PLACE OF DEATH

49 County Jasper
4 Township
2 City Carterville No. _____

Registration District No. 407
Primary Registration District No. 4241

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

2. FULL NAME

(a) Residence. No. _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 4 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 5 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pump Man
(b) General nature of industry, business, or establishment in which employed (or employer) Zink Mines
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY) Ill.

14. INFORMANT Ottis Close
(Address) Carterville, Mo.

15. FILED 11/23 1932 J. W. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932 to Nov 21, 1932 that I last saw h. alive on Nov 21, 1932, and that death occurred, on the date stated above, at 120 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiovascular disease

95 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 95 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. M. Stormont, M. D.

11/24 1932 (Address) Webb City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carterville Cemetery DATE OF BURIAL 11/23 1932

20. UNDERTAKER Webb City Und. Co. Webb City
ADDRESS

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.

JAN 9 1933

WRITE YEARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

