

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

Do not use this space.

37504

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. 5069 Linden road) St. Ward.....

File No.....
Registered No. 10176

2. FULL NAME

(a) Residence, No. 5069 Linden road St., 14 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Halter & Nash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1904

7. AGE YEARS 28 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

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

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) Polk, Mo.

13. NAME Ino Bree

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk, Mo.

15. MAIDEN NAME Augusta Gaus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk, Mo.

17. INFORMANT Mrs. Augusta Bree

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Church DATE Nov 19 1932

19. UNDERTAKER Thomas & Small

20. FILED Nov 17 1932

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Jan., 1930, to Nov. 16, 1932
I last saw him alive on Nov. 16, 1932 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Pulmonary Hemorrhage
Pulmonary Tuberculosis
23A
1041B

Date of onset
Nov. 16, 1932
Jan. 1929

Other contributory causes of importance:
Gastrointestinal Tuberculosis
Polyserositis
1931
1130

Name of operation..... Date of.....
What test confirmed diagnosis? Sputum Was there an autopsy?.....
X-ray

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) Praver H. Weinel M. D.
(Address) 3831 South Kingshighway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Registrar.

