

RECORD

EB 23 1933

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

Do not use this space. 6

1. PLACE OF DEATH

County Andrew
Township Savannah
City Savannah (No.) St. Ward)

Registration District No. 13
Primary Registration District No. 4010

File No. 55
Registered No. 6

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 27

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) Andrew Co Mo

13. NAME Charles Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

15. MAIDEN NAME Fernelia Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

17. INFORMANT W. W. Wright (ADDRESS) Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE Jan 27 1933

19. UNDERTAKER E. B. Breit (ADDRESS) Savannah Mo

20. FILED Jan 27 1933 E. O. Jeyne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 - 1933

22. I HEREBY CERTIFY that I attended deceased from Jan 20, 1933, to Jan 25, 1933. I last saw her alive on Jan 24, 1933. Death is said to have occurred on the date stated above, at 2 p.m.

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

Cerebral Hemorrhage
59
Other contributory causes of importance:
Diabetes mel.

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 Walter C. Meyer, M. D.
(Signed) Savannah Mo
(Address) Savannah Mo

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.

