

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

Do not use this space.

4539

1. PLACE OF DEATH

County St. Aubert Registration District No. 105-
Township Callaway Co. Primary Registration District No. 5754
City Ro. St. _____ Ward)

File No. _____
Registered No. 3
St. _____ Ward)

2. FULL NAME

(a) Residence. No. R# 6 Fulton 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 2

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

10. NAME OF FATHER W K

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

12. MAIDEN NAME OF MOTHER W K

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W K

14. INFORMANT Mr M E Skringer
(Address) Fulton, Mo.

15. FILED 2-13-33 W H Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Feb 12, 1933
that I last saw h. alive on Feb 9, 1933, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute regurgitation of heart
long know
hypertension
several years
CONTRIBUTORY (SECONDARY) _____
(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? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W O Payne, M. D.
3/13, 1933 (Address) R# 9 Fulton 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 Mt Carmel Cemetery DATE OF BURIAL Feb 14 1933

20. UNDERTAKER Geo H Wallace ADDRESS Fulton Mo

WHITE PRINTED WITH GRADING 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.

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