

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

Do not use this space.

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1. PLACE OF DEATH

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County Cole Registration District No. 213
Township North near Hospital Primary Registration District No. 3014
City Jefferson City (No.) St. Ward)

File No.
Registered No.

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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1899

7. AGE YEARS 35 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 107

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 117 B

10. Date deceased last worked at this occupation (month and year) 4/30 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Mo. Prison Records (ADDRESS) C. D. ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Hill, Mo DATE 7/20/33

19. UNDERTAKER Higgins & Ward Co. (ADDRESS) Jefferson City, Mo

20. FILED 3/4/33 1933 Dr. Bedford Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1930 to Feb 28 1933
I last saw him alive on Feb 28 1933 Death is said to have occurred on the date stated above, at 3:15 A.M.

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

Chronic Myocarditis
Lobar Pneumonia
Duodenal Ulcer
Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? 40

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
(Signed) M. B. ... M. D.
(Address) Mo. State Cancer Hospital

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.

