

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

Do not use this space.

1. PLACE OF DEATH

County Cole
 Township Jefferson
 City Jefferson (No.)

Registration District No. 213
 Primary Registration District No. 3014

File No. 495151
 Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. 615 Chestnut St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1865

7. AGE YEARS 67 MONTHS 11 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Perfectionist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry
 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) Callaway Co. Mo

13. NAME Robert Yount

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

15. MAIDEN NAME Lucy Vaughan

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

17. INFORMANT Mrs Mary Yount (ADDRESS) Jefferson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE Feb 25 1933

19. UNDERTAKER (ADDRESS) Lawson Tanner Jefferson Mo

20. FILED 3/4/33 1933 W. B. Sigler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1933 to Feb 24th 1933

I last saw him alive on Feb 23rd 1933 Death is said to have occurred on the date stated above, at 12 PM

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

acute ascending paralysis
hypostatic pneumonia

Date of onset 1/17/33
2/22/33

Other contributory causes of importance: None

Name of operation none Date of ✓

What test confirmed diagnosis? physical Was there an autopsy? no

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) W. B. Sigler M. D.

(Address) Jefferson 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.

