

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5814

1. PLACE OF DEATH
 36 County Franklin Registration District No. 297
 8 Township Washington Primary Registration District No. 2916
 9 City Washington (No. St. Francis Hosp.) St. St. Francis Ward St. Francis
 2. FULL NAME Charles Voison
 (a) Residence, No. St. Francis Ward St. Francis
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2-1856
 7. AGE YEARS 76 MONTHS 8 DAYS 18 If LESS than 1 day, ... hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) St. Charles, Mo.
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) John Kallmeyer
 18. BURIAL, CREMATION, OR REMOVAL Crem. 2/22, 1933
 PLACE St. George's Catholic DATE 2/22, 1933
 19. UNDERTAKER (ADDRESS) Hergo Blumer
 20. FILED Feb 27, 1933 Q. L. Murch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1933, to Feb 20, 1933
 I last saw him alive on Feb 19, 1933. Death is said to have occurred on the date stated above, at 5:45 am.
 The principal cause of death and related causes of importance were as follows:
Cancer of the Liver
466
 Other contributory causes of importance: none
 Name of operation Cholecystectomy Date of Feb 18, 1933
 What test confirmed diagnosis? Cholecystectomy 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. M. M. M. M. D.
 (Address) Washington, Mo.

