

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.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10293

1. PLACE OF DEATH

63 County Marion
 Township Johnson
 City Vichy (No., ... Ward)

Registration District No. 546Primary Registration District No. 5735

File No.

Registered No. 2

St. Ward)

2. FULL NAME William L. BirgeWilliam L. Birge

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1866

7. AGE YEARS 67 MONTHS DAYS 12 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer
 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) Vichy,
 (STATE OR COUNTRY) Mo

13. NAME Alexander Birge

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

15. MAIDEN NAME Sarah Workman

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

17. INFORMANT R. P. Mosier
 (ADDRESS) Vichy

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Vichy, Mo DATE Mar 4, 1933

19. UNDERTAKER Null and Licklider
 (ADDRESS) Bella, Mo

20. FILED Mar 3, 1933 Sandra Warner
 Registrar.

2

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to Mar 2, 1933

I last saw him alive on Feb 22, 1933. Death is saidto have occurred on the date stated above, at 10:40 P.m.

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

Date of onset

Chronic Nephritis several years
1918
1919

Other contributory causes of importance:

Metastatic Regeneration

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? No

If so, specify

(Signed) William L. Birge, M. D.(Address) Bella, Mo

