

WRITE PLAINLY, WITH UNFADING 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.

MAY 22 1933

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

Do not use this space.

12846

1. PLACE OF DEATH

County Deer
Township Salem, Mo.
City Salem, Mo. (No. 1)

Registration District No. 366
Primary Registration District No. 4165

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 - 1864
7. AGE YEARS 68 MONTHS 11 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Crawford Co Mo.

13. NAME John Roberts

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

15. MAIDEN NAME Mary Merritt

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

17. INFORMANT (ADDRESS) Elta Bennett
Salem Mo R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Robert Cemetery DATE 4/7 19 33

19. UNDERTAKER (ADDRESS) N. D. Holman
Salem Mo.

20. FILED 4/7 19 33 V. C. Knudsen Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1933

22. I HEREBY CERTIFY, That I attended deceased from August 8 1932, to April 6 1933
I last saw him alive on April 6 1933 Death is said to have occurred on the date stated above, at 12:20 a. m.

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

Hypertrophic emphysema Date of onset Several years
Bronchial asthma Several years
112
113

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis Clinical Findings 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) F. E. Butler M. D.
(Address) Salem, Missouri

