

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

Do not use this space.

16419

File No. _____
Registered No. 13-9
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Bea Primary Registration District No. 3019
City Dayton (No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 1209 Hardy 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31-1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Employee
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) Danville Kentucky

13. NAME Chas M. Ely

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

15. MAIDEN NAME Cadette Pigg

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

17. INFORMANT (ADDRESS) C. M. Ely Jr. 1218 Willow Bend Ma.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Washington DATE May 9 1933

19. UNDERTAKER (ADDRESS) J. L. Mitchell Independence Mo.

20. FILED May 8 1933 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1933
22. I HEREBY CERTIFY, That I attended deceased from 2/21 1926, to 5/10 1933
I last saw him alive on 5/5 1933 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

_____ Date of onset _____
Angina Pectoris
arterio Sclerosis
Hypertension
Other contributory causes of importance _____
None

Name of operation _____ Date of _____
What test confirmed diagnosis? clin 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? _____
If so, specify _____ (Signed) W. H. Williams M. D.
(Address) 10307 Indep an remo

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.

JUN 22 1933

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