

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township _____
City Marshall, Mo. (No. _____)

Registration District No. 796
Primary Registration District No. 3038

File No. 18597
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Weller Mizer

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to 5-1-1, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1889

I last saw him alive on 5/1/1, 1933 Death is said

7. AGE YEARS 44 MONTHS 3 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 12:30 P.M.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

Internal Hemorrhage Date of onset 5-1/33

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

Auto Accident

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.

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13. NAME Tom Mizer

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.

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

15. MAIDEN NAME Arsie Clinch

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5-1, 1933

Where did injury occur? Saline Co. highway # 65

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

on highway # 65

Manner of injury auto accident

Nature of injury Crushing chest

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

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

17. INFORMANT Mrs Mizer wife (ADDRESS) 315 W. 1st St. Lebanon, Mo.

(Signed) A. L. Sawyer M. D.

(Address) Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Truett Park DATE May 2, 1933

19. UNDERTAKER J. H. Sawyer (ADDRESS) Marshall, Mo.

20. FILED 5-16-, 1933 A. C. Putnam Registrar.

MAY 24 1933
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

99
950
9

MOTHER
FATHER
31
2

1933-5-1
1889-2-5
44-3-26

JAN 20 1954

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Saline
Township
City Marshall (No. _____)

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. _____
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. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (with the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED June 2nd 1935 A. P. Putnam Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Internal hemorrhage
from accident
falling in car
near front side
ditch during severe
storm
Other contributory causes of importance: _____

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?
If so, specify _____ (Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

210

Date of onset

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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